Australian Government

Australian Aged Care Quality Agency

Regis Delphi House

RACS ID 2050
27 Redman Parade
BELMORE NSW 2192

Approved provider: Regis Aged Care Pty 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 August 2018.

We made our decision on 12 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.

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

Audit Report

Regis Delphi House 2050

Approved provider: Regis Aged Care Pty Ltd

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

Team leader:	Toby Hammerman
Team member/s:	Margaret Dawson

Approved provider details

Approved provider:	Regis Aged Care Pty Ltd

Details of home

Name of home:	Regis Delphi House
RACS ID:	2050

Total number of allocated places:	72
Number of care recipients during audit:	61
Number of care recipients receiving high care during audit:	60
Special needs catered for:	Greek speaking cultural cluster

Street/PO Box:	27 Redman Parade
City/Town:	BELMORE
State:	NSW
Postcode:	2192
Phone number:	02 9718 4990
Facsimile:	02 9718 2214
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Facility manager	1
Regional manager	1
Regional quality and compliance manager	1
Clinical manager	1
Registered nurses	4
Care staff	12
General practitioner	1
Customer service coordinator	1
Administration assistant/receptionist	1
Residents/representatives	14
Leisure /lifestyle officers	2
Physiotherapist	1
Regional catering service manager	1
Catering staff	3
Laundry staff	1
Contract cleaning supervisor	1
Cleaning staff	1
Maintenance supervisor NSW/Qld	1
Maintenance staff	1

Sampled documents

Category	Number
Residents' files	7
Summary/quick reference care plans	7
Wound management plans	17
Compulsory reporting- reportable assaults (resident Vs resident) form	2
Medication charts	6
Incident/accident reports	10

Category	Number
Resident Admission Contract/agreements	6
Personnel files including orientation checklist, letter of offer, job description, appraisals, police record certificate and statutory declarations	6

Other documents reviewed

The team also reviewed:

- Admission packs including resident information booklet, care agreement, privacy statements and personal information authority

- Catering – NSW Food Authority licence and inspection report, diet summary sheet, resident preferences, allergies ,likes/dislikes, meal size and consistency flip chart at each servery, food safety manual, delivery monitoring records, menus, temperature monitoring records, audits and results, kitchen cleaning schedule, duty lists

- Cleaning and laundry: room and task cleaning schedules, work procedures, rosters, protocols for infection control and other specialised procedures, training records

- Clinical assessment and observation tools: physiotherapy, speech pathology, behaviour, continence, skin, wound, mobility, pain verbal and non-verbal, sensory loss, meal consumption, oral care, falls risk, specialised nursing care, bowel charts, weight charts, personal care charts, and others

- Clinical care tools: specialist and allied health referral and review documents, accidents and incidents, assessment guidelines, care communication diaries various meeting agendas and minutes 2015, electronic clinical care system

- Comments and complaints: complaints, concerns and suggestion leaflet, feedback register

- Communication records between staff and residents' doctors, appointment books, newsletters, notices, memoranda, handover sheets, diaries and communication books

- Continuous improvement logs, register and action plans, audit schedules 2015

- Education: orientation checklist, calendar 2014 and 2015, attendance records mandatory education, staff records for internal and external courses completed, education needs list for 2015

- Fire safety: certification of fire safety measures, training attendance records, equipment inspection and testing reports, fire panel inspection and maintenance records, tags and list of residents in the emergency evacuation pack and emergency contingency plan

- Human resource documentation: recruitment policies and procedures, job descriptions & duty lists, rosters, staff employment kit, notification of absence/shift change request and take-up process on notice board

- Infection control records including register, policy manual, surveillance data and analysis reports, monthly infection statistics, risk assessments, outbreak guidelines, records of clinical refrigerator temperatures and monitoring charts, resident and staff vaccination

records, waste disposal program including clinical waste, infection data tools, vaccinations for residents and outbreak procedure

- Information processes: meeting minutes and meeting schedules, memo folder, feedback folder, staff handbooks and information packages and satisfaction surveys

- Inventory and equipment and external services: approved supplier lists, service provider agreements, stock monitoring and delivery systems, planned maintenance program and reactive maintenance request and implementation records

- Leisure and lifestyle: care recipient feedback and satisfaction surveys, recreational activities folder and monthly activities program, activities evaluation and attendance records, minutes of meetings, lifestyle assessments

- Maintenance documentation: preventative maintenance schedule, equipment maintenance registers, records of external maintenance program, room check and servicing records, records of maintenance program, thermostatic mixing valve recording sheet (new)

- Mandatory consolidated reporting registers for alleged or suspected elder abuse and missing persons

- Medication management reviews, medication incidents, medication/pathology refrigerator temperature readings, schedule 8 medication secure storage and registers, hard copy medication management system

- Policies and procedures

- Resident enquiry pack, welcome packs and admission pack including resident agreement/contract, consent for photographs, videos and entry by staff to an unoccupied room, privacy amendment

- Lifestyle documents including resident lifestyle individual activity assessments, activity evaluations, monthly activity calendars, care recipient lifestyle participation reviews and evaluation, cultural diversity folder, multilingual simple word cards and newsletters

- Resident/representative consent for photographs, videos and entry by staff to an unoccupied room, privacy amendment

- Self-assessment report and associated documentation

- Staff report portal including spreadsheet with police checks currency and renewal due date, statutory declarations, visa type, nurse's registration details and performance review due date

- Work Health and Safety records including incident reports, hazard logs, risk assessments, material safety data sheets, safe work instructions and accident, incident reports including 'one-off' incident notification and return to work information

Observations

The team observed the following:

- Activity program on display, activities in progress and activity resources

- Care recipients utilising pressure relieving mattresses, bed rail protectors, hip and limb protection equipment

- Charter of residents' rights and responsibilities on display

- Cleaning in progress, equipment in use and safe staff practices

- Emergency call bell access

- Equipment and supply storage rooms including clinical, medication, toiletry, chemical, paper goods, continence and linen stock in sufficient quantities

- Fire safety systems and equipment and Annual fire safety certificate on display

- Infection control resources, waste management including clinical waste, outbreak management kit, spill kits, sharps waste disposal containers, personal protective equipment, colour coded equipment, infection control resource information, first aid kits, hand washing facilities, sinks and hand sanitiser dispensers

- Interactions between staff and residents, activities in progress, meal service, medication management, staff answering call bells in a timely manner

- Internal/external complaints mechanisms and advocacy brochures on display

- Lifting equipment, manual handling and mobility aids in use

- Living environment internal and external, resident library/sitting room

- Medical and allied health professionals in attendance

- Medication storage and administration

- Mission, Vision and Philosophy displayed

- Mobility equipment including walk belts, wheeled walkers, shower chairs, toilet seats, mechanical lifters, sensor mats, low beds, handrails and internal lift access between floors

- Notice boards containing resident activity programs and notices, menus, memos, staff and resident information, comments and complaints information, notices informing residents/representatives of the re-accreditation site audit

- NSW Food Authority Certificate displayed

- Nurse call system and response by staff

- Public telephones

- Quality Agency re-accreditation audit notices on display

- Record keeping, electronic and paper based records

- Safety data sheets, out of order tags

- Secure storage and archiving of confidential resident and staff information

- Secure storage of medications, pathology storage fridge

- Short group observation main dining room.

- Sign in books for visitors and tradesman/contractors

- Staff work practices and work areas, including clinical, lifestyle, administration, catering, cleaning, laundry and maintenance, handover between staff at the change of shift

- The dining environments during lunch and beverage services with staff assistance, morning and afternoon tea, including resident seating, staff serving/supervising, use of assistive devices for meals and residents being assisted with meals in their rooms

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, with organisational support, is actively pursuing continuous improvement. Areas for improvement are identified through mechanisms that include: improvement logs, quality improvement action sheets, regular meetings, feedback from stakeholders, an organisational program of audits and surveys and a monthly analysis of key performance and monitoring data. Opportunities for improvement are also formulated centrally into quality projects by the Regis head office (the organisation) and often result in a systems review, change of practice, purchase of new equipment or staff education. Other identified improvements are noted on a plan for continuous improvement that identifies its relevance to an expected outcome of the Accreditation Standards, the source of the improvement, the action required, progress to date and evaluation of the outcome. Residents/representatives and staff are encouraged to actively contribute to this process and those interviewed report they are aware of the ways they can make suggestions for improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard One and recent examples of this are listed below:

- The organisation identified the "buddy" induction process for new care staff is a valuable mechanism to convey the Regis philosophy in the initial stages of employment. It was recognised that laying a firm foundation of knowledge, skills and attitudes at the beginning of a carers working life contributes to that employee's work satisfaction and good outcomes for residents. Previously carers were assigned buddies on a random ad hoc basis depending who was working on that shift. There was no certainty that the essential messages to the new staff member were being conveyed correctly and consistently. To address this issue, the home participated in a national initiative to select suitable and experienced staff to be trained as buddies. The home nominated three assistants in nursing and they participated in a centrally organised training program. The trained buddies have been appointed for a 12 month period and as an incentive receive an allowance for each hour whilst rostered to be a buddy. The results to date have been very positive with the three staff involved sharing experiences and feedback in order to improve the way they convey consistent and useful information to their buddies.

- The process for office archiving and filing for discharged or departed residents needed streamlining. Under the direction of the newly appointed, customer service coordinator a system was implemented to transfer and label all documents in an organised and time

efficient way. Since commencement of the process all stakeholders have expressed satisfaction with the operation of the system and the quick way files can be located when needing to be retrieved.

- The facility manager identified the need to recognise staff members who go "above and beyond" in their commitment to the workplace. Gift vouchers were purchased and distributed to staff for taking initiative, being available at short notice and extending shifts to cover for late sick calls. Staff report the voucher program helps them feel appreciated and more determined and motivated to contribute to the work of the home. The manager expects the incentives will be a factor in building a positive and proactive culture in the workplace.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home, with the Regis Group's (the organisation) management support, has an efficient system in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation subscribes to an aged care specific legislation update service and a peak body service to ensure the home is up to date with regulatory requirements. The home receives regular updates from the organisation's regulatory compliance processes that are responsible for identifying all regulatory related information. The director of care services ensures policies and procedures reviewed and updated by head office are implemented at site level. The team verified that staff are informed of changes to regulatory requirements through meetings and memos and staff practices are monitored regularly to ensure compliance with regulatory requirements.

Examples of the home's responsiveness to recent legislative changes are:

- There is a system for the secure storage, archiving and destruction of personal information in accordance with the NSW Privacy and Personal Information Protection Act and regulations for residents' records.

- An electronic register is maintained to ensure criminal history record checks have been carried out for all staff.

- The organisation's human resource management department has identified the legislative requirement of Section 19.5A of the Records Principles 2014 that describes the type of records that need to be kept by the approved provider. The organisation includes a statutory declaration into the welcome pack for all new staff. The form ensures all staff, including those who were a citizen or permanent resident of a country other than Australia, since turning 16 years of age, have signed a statutory declaration regarding any previous criminal history.

- A comprehensive policy was developed on elder abuse and reporting procedures outlining the organisation's interpretation of the legislation. The incident severity and distribution matrix lists the specific requirements from all stakeholders to ensure compliance including the escalation of high risk incidents and the creation of a consolidated register of incidents documenting all information recommended in Appendix

A of the Australian Government's Compulsory Reporting Guidelines For Approved Providers of Residential Aged Care.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has a system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The program is overseen by the facility manager in conjunction with organisation's learning and development team. The recruitment process identifies the knowledge, skills and education required for each position. There is a comprehensive induction program for all new staff and an allocated buddy system to support the new staff during their first days of employment. The education program, including topics covering the four Accreditation Standards, is developed with reference to resident needs, staff surveys, performance appraisals, and management assessments. Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through questionnaires, competency assessments and performance appraisals.

Management and staff interviewed report they are supported to attend relevant e- learning and external education and training. Residents/representatives interviewed are of the view staff have the skills and knowledge to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard One include:

- The induction program and corporate orientation programs covering such topics as: policies and procedures, the philosophy of the organisation, the communication system and the complaints process

- The mandatory program which includes such topics as: protecting older people from abuse, work place bullying and harassment and customer service training

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents/representatives are informed of internal and external complaint mechanisms through: the resident handbook, resident agreement, orientation to the home, notices and at residents' meetings. Feedback form for comments and complaints are available in the home and brochures about an external complaint mechanism are also clearly displayed.

Management maintains a log of all comments and these form part of the organisation's monthly key quality indicator report. We noted that issues raised are addressed in a timely manner to the satisfaction of most complainants. Residents/representatives can also raise concerns and identify opportunities for improvement through resident meetings, satisfaction surveys and informally. Residents/representatives interviewed say they are aware of how to make a comment or complaint and feel confident that concerns are addressed appropriately.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's vision, values, philosophy and commitment to quality are well documented and on display in the home. They are also available to all residents/representatives, staff and other stakeholders in a variety of documents used in the home. Vision, mission and values are included in the induction program to ensure staff are fully aware of their responsibility to uphold the rights of residents and the home's objectives and commitment to quality.

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

Residents and their representatives interviewed told us staff who provide care to the residents are skilled and competent. There is a system to manage human resources that includes policies and procedures, staff appraisals, job descriptions, selection and recruitment processes, appropriate rostering and an education program. Replacement staff come from a casual pool. Rosters reviewed demonstrated appropriate replacement of staff, and there is evidence of considerable effort to ensure all shifts are filled. Residents/representatives are very satisfied with the level and competency of staff and their ability to meet residents' care and service needs. Staffing levels and rostering is set and monitored to meet the demands of residents, taking into consideration regulatory requirements, occupancy levels, resident needs, and the changing environment in which the home operates

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home uses organisational generated systems to ensure that appropriate stocks of goods and equipment are available at all times. Observations, interviews and review of documentation demonstrated that appropriate stocks of goods and equipment, food, continence aids, furniture and linen are achieved. Stock rotation processes, budgeting and purchasing through preferred suppliers ensures this ongoing program is effective. Staff and relatives interviewed all confirmed that there is sufficient and suitable equipment for their use. The newly appointed regional maintenance supervisor has also developed preventative maintenance schedule and a daily maintenance procedure to ensure that equipment is maintained in a safe operational standard. All maintenance requirements are carried out in an appropriate time frame by the maintenance person at the home. The team observed and all

stakeholders reported there is sufficient and appropriately maintained equipment and stocks of goods.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has organisational and locally generated systems that effectively manage the creation, usage, storage and destruction of all records, both hardcopy and electronic.

Interviews and documents reviewed showed the home effectively disseminates information from management to staff and residents/representatives relating to legislation, resident care, organisational information and other matters that are of interest to them. This is achieved through ready access to online management and intranet systems, which provides a suite of instructions and associated forms that clearly explain current policies and procedures. The home also effectively conveys information through newsletters, memos, noticeboards, meetings, clinical records, client information packages, education sessions, meeting minutes and hard copies of policy and procedure manuals. Information is managed in accordance with the home's privacy policy. The team observed stakeholders accessing the comprehensive and extensive documentation system that is used daily for the management and dissemination of information. The processes cover all aspects of the home's functioning and this enables staff and management to maintain consistent access to up to date information for appropriate decision-making.

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 in a way that meets the residential care service's needs and service quality goals. The home has a list of corporate approved preferred suppliers and individualised written agreements with the external providers are maintained at head office. The organisation has a system for managing non-conformance of suppliers when there is poor performance of the supplier and the team noted examples of a change in suppliers who did not meet the home's quality requirements. All stakeholders reported satisfaction with the quality of service they receive from external service providers. External contracts are reviewed at organisational level with the home's quality requirements clearly identified. The organisation's head office regularly reviews the work performed or goods supplied by external contractors to ensure they are provided in a timely manner and as requested.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Two and recent examples of this are listed below:

- An internal medication management audit indicated a series of differences between the doctors' orders and the medications supplied in the blister pack from the pharmacist. Causes of the packaging errors were delays in informing the pharmacist of changes to residents' medications and inadequate response by the pharmacist to those changes. To address this issue the care manager instituted new systems for informing the pharmacist by email and to ensure registered nurses contact the pharmacist during the shift when the change in medication occurs. The email system allows the care manager to track the changes and ensure medications are being changed in a timely manner. After four months of operation of the new system, the care manager notes a significant reduction in the number of medication packaging errors.

- An improvement to residents' oral and dental care was highlighted by a national initiative. Tooth brushes for all residents are to be changed at least each season. To facilitate this the home orders four different tooth brush colours, one for each season. For example the next season, autumn, the colour of all toothbrushes will be green and in summer these will be yellow. Residents say the colour change reassures them their oral health is being maintained and staff feedback says it now easier to identify when tooth brushes need to be changed.

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's regulatory compliance system is referred to in expected outcome 1.2 Regulatory compliance. The home uses those processes to identify and implement a range of compliance measures relevant to Standard two Health and Personal Care. These include:

- Implementing a system to ensure registered nurses and other health care professional registrations are maintained.

- Registered nurses and staff assisting with medications are monitored to ensure they comply with the relevant policies that reflect the Health (Drugs and Poisons) Regulations 1996 and Best Practice Guidelines in Medication Management.

- The organisation's national office notified all facility managers that as of 24 March 2015 the reporting requirements to the Aged Care Complaints Scheme have been amended so that approved providers of aged care services are no longer required to notify the complaints scheme of infectious disease outbreaks.

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 information about the home's system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. We verified through discussions with staff and management and documentation review that the home delivers education relevant to Standard Two that will promote residents' physical and mental health. Examples of education provided specific to Standard two include best practice in oral health, significance of accurate weighing presented by the dietician, and behaviour management presented by DBMAS, the dementia behaviour management advisory service.

2.4 Clinical care

This expected outcome requires that "care recipients receive appropriate clinical care".

Team's findings

The home meets this expected outcome

Regis Delphi House has systems and policies to ensure residents receive clinical care appropriate to their needs. The initial assessment information forms the basis of the care needs of the residents. Care plans are developed and regularly reviewed by registered nurses, with input from the health care team. The home has a registered nurse on site 24 hours of

every day. Regular ongoing monitoring of the residents' changing clinical needs is documented into the care plan by staff as required. Case conferences are conducted involving the family and the care recipient. Staff interviews demonstrate they are knowledgeable about the care requirements of individual residents and procedures related to clinical care.

Residents/representatives are satisfied with the clinical care.

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 effective systems to ensure the specialised nursing care needs of residents are identified and met by appropriately qualified staff. The specialised nursing care needs of residents are regularly assessed and documented by nursing staff. Staff have access to resources and education from supply providers. Specialist medical and allied health professionals are accessed to review residents' individual needs as required. Interviews confirm residents/representatives are satisfied with the assessment and management of specialised nursing care needs of 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

The home has an effective system to refer residents to a range of health services including their choice of doctor, allied health services and other relevant clinical specialist providers to meet the residents' needs and preferences. Residents' clinical notes indicate they are referred to health professionals of their choice when necessary. Review of clinical records show that residents have accessed specialists' services including: audiology, optometry, podiatry, dental, psycho-geriatrician, mental health, dietician, occupational therapy and others.

Residents/representatives are satisfied that referrals to appropriate health specialists are in accordance with their needs and preferences.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents' medication is managed safely and correctly. Medications are stored in lockable cupboards. Medications are administered by staff with appropriate training and competency testing. Administration of medications is against a documented medication chart, written by the residents' preferred doctor. Pharmacy supply

medications on a regular basis and are available after hours as required. Review of medication incidents shows the management of each incident is consistent with resident safety.

Observation of medication administration confirms safe practice. Interviews with representatives demonstrate satisfaction with medication management in the home.

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. An assessment of pain is completed on entry to the home. Following assessment a care plan to manage the pain is developed. Review of documents shows pain assessment both verbal and non-verbal are in use. Individual pain needs are considered to ensure the most appropriate method of pain relief is used for each resident. Observation of staff practices shows consultation with residents about pain management. Interviews with residents demonstrate satisfaction with the way the home effectively manages pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure that the dignity and comfort of residents who are terminally ill is maintained in consultation with residents and their representatives.

Analgesia and other pain relief measures such as massage are available to minimise residents' distress. Spiritual and emotional support for residents and their representatives is available if required. Staff are aware of the processes used when residents are receiving end of life care.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents receive adequate nourishment and hydration. Initial and ongoing assessment of residents' dietary preferences and requirements are completed and this is communicated to the appropriate staff. Interview with staff confirm that residents' special dietary needs are catered for and this includes special diets, modified textured meals, thickened fluids and nutritional supplements. Review of documents confirms appropriate external health professionals are accessed when needed. Observations confirm

the use of assistive devices to support independence during meal consumption. Interviews with residents demonstrate satisfaction with nutrition and hydration in the home.

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 manage skin care effectively. An assessment of skin integrity is completed on entry to the home and on an ongoing basis as required. The home has equipment to assist with the maintenance of skin integrity such as pressure relieving mattresses, cushions and other assistive devices. Review of documents shows access to relevant specialists for assessment and treatment of skin conditions. Interviews with staff confirm education on maintaining skin integrity. Observation of clinical stores confirms access to equipment for the maintenance of skin integrity. Interviews with representatives demonstrate satisfaction with skin integrity care provided by the home.

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 effectively manage residents' continence needs. An assessment of continence requirements is undertaken on entry to the home. Following assessment an individual continence management program is documented and implemented. Review of documentation confirms there are programs tailored to the needs of residents. Interviews with staff confirm regular education and training on continence management. Observation of storage areas confirms the home has suitable levels of linen and continence aids. Interviews with representatives demonstrate satisfaction with continence management in the home.

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 and processes to identify and effectively manage residents with challenging behaviours. Staff perform initial and ongoing assessments to identify residents' behaviour management needs that includes triggers and strategies to develop and implement care plans. Staff monitor and review the care plan regularly to assess its effectiveness and make changes if indicated. Documentation shows referrals to specialist medical, mental health and allied health teams are made as necessary. Interviews with care staff and observations of staff interactions with residents confirm appropriate management of behaviours. Interviews with residents/representatives demonstrate satisfaction with how the home manages challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents receive assistance with mobility and dexterity. A mobility assessment is completed on entry to the home. The physiotherapist visits the home regularly to implement the customised mobility and exercise programs for residents. Lifestyle officers are responsible for attending to the resident's mobility and exercise programs.

Residents were observed accessing all living areas of the home safely with appropriate mobility aids and assisted by staff when required. Interviews with residents/representatives demonstrate satisfaction with how the home manages mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that "care recipients' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

The home has systems to ensure residents oral and dental health is maintained. An assessment of residents' oral and dental needs is completed on entry to the home. This includes making arrangements for access to dental treatments. Review of documents confirms the use of dental services for residents. The home provides texture modified meals and fluids consistent with residents' assessed oral and dental needs. Interviews with residents/representatives demonstrate satisfaction with oral and dental care provided by the home.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

The home has systems to ensure residents sensory losses are identified and managed effectively. An assessment of residents' sensory loss is completed on entry to the home. The home has access to a number of visiting allied health professionals such as dietician, speech pathologists, audiologists, optometrists and others to assist with effective management of sensory loss. Review of documents confirms residents have access to allied health services when needed. Care staff assist in the maintenance of visual and auditory aids and recreational staff provide regular sensory stimulation activities to ensure sensory loss is reduced where possible. Interviews with residents/representatives demonstrate satisfaction with the way the home manages sensory loss.

2.17 Sleep

This expected outcome requires that "care recipients are able to achieve natural sleep patterns".

Team's findings

The home meets this expected outcome

Residents' sleep patterns including history of night sedation are assessed on entry to the home and care plans are regularly reviewed and evaluated. Residents' preferences for rising and retiring are incorporated into daily care. A review of documentation and discussions with staff show residents are offered snacks, warm milk, emotional support and are toileted to assist natural sleep. Disturbances in sleep patterns are monitored and referred to the medical officer as needed. Lighting and noise levels are subdued at night. Residents interviewed said they slept well at night and many liked an afternoon nap.

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 improvements for information about the home's system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Three and recent examples of this are listed below.

- Families raised a request to management for a separate area to sit and speak with residents. A storeroom was converted to a lounge area with new flooring, comfortable chairs, decorative clock, a large screen TV and a vending machine. Families have started to use the room and residents relocate themselves to the area at different times of the day. Male residents have also adopted the area and are appreciative of the opportunity to congregate there.

- The home has a parrot which residents enjoy looking after. Residents at a meeting requested more variety and two rabbits were sourced for pet therapy. Arrangements are also being made for a therapy dog to visit regularly. We observed many residents sitting in front of the rabbit enclosure and enjoying spending time there.

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's regulatory compliance system is referred to in expected outcome 1.2 Regulatory compliance. The home has used those processes to identify and implement a range of compliance measures relevant to Standard Three Resident lifestyle. These include:

- A copy of residents' rights and responsibilities is displayed prominently in the home and reprinted in the clients' handbook.

- Clients' contracts are generated by head office, on advice from the industry peak body, and updated as legislative changes occur. Notifications of significant changes are sent direct to relevant stakeholders.

- In accordance with the Accreditation Grant Principles 1999 (Cth) the organisation has made clients' and their representatives aware of this Accreditation site audit visit and of their opportunity to speak with the assessors in confidence. Individual letters were sent to all care recipients or their nominated representatives.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Three is listed below.

- The orientation program covering such topics as clients' rights and the organisation's new branding process

- The in-service program covering such topics as: dementia and communication, emotional, spiritual and cultural support.

- Recreation activity officers have completed the Certificate IV in Leisure and Lifestyle

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 and representatives are satisfied with the ways in which staff assist residents to adjust to life within the home and for their ongoing emotional support. There are systems to ensure each resident receives initial and ongoing emotional support through the entry and care review processes. These include the provision of a residents' handbook, assessment of cultural and spiritual needs, care planning, case conferences and evaluation of the care provided. Families and friends are encouraged to visit and are made to feel welcome in the home. Residents are encouraged to personalise their room to help create a homelike atmosphere. Staff provide residents with emotional support, including one-to-one interaction by care and recreational activities staff. Interviews with residents/representatives demonstrate satisfaction with emotional support provided in the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are assisted to maintain their independence. Residents' preferences and abilities in relation to a range of activities of daily living and lifestyle are identified and documented in care plans and are included in the activity program. The activities program is designed to promote independence and community participation as well as encouraging friendships between residents. Residents' bus trips are regularly scheduled and residents are encouraged to participate in life outside the home. Staff also assist and encourage residents to participate in decision-making in relation to health care choices and their personal care.

Interviews with residents/representatives demonstrate satisfaction with opportunities to maintain independence provided by 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 gain consent from residents for all interactions and procedures. Residents' consent is obtained to disclose certain information within the home and to other relevant authorities. Staff recognise and respect each residents' privacy, dignity and confidentiality as demonstrated in observation of daily work practice. Examples include addressing residents by their preferred names, knocking prior to entering residents' rooms and storing confidential resident records securely. There are areas of the home where residents can be with their friends and relatives

in private. Interviews confirmed residents/representatives are satisfied the residents' 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. Lifestyle staff develop an individualised care plan in keeping with residents' cognitive abilities and special needs to address their preferred lifestyle, cultural and spiritual preferences. The care plan is regularly reviewed and residents' feedback is sought to address changing needs and preferences. The home's activities calendar is based on residents' interests. Popular activities include bus outings, music therapy, pet therapy and gala event celebrations; and individual visits for residents who do not wish to participate in group sessions. Residents/representatives are satisfied that residents' participation is encouraged and supported and the activities offered by the home are of interest to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems in place to foster residents' cultural and spiritual needs through ongoing assessment, discussions with residents and representatives, community involvement and individual strategies to meet the changing needs of residents. Greek mass and communion are held every month and multi denominational services are held on a regular basis. Residents and representatives say the resident's preference not to participate in religious and other celebratory events is respected. Multi denominational services are conducted regularly every week. Special religious and other significant days such as Greek Easter, Greek National Day, Christmas and Good Friday are celebrated and there is a list of special days for other religions and cultures, including dietary requirements available for staff. Review of lifestyle documentation and interviews with staff confirm individual beliefs are fostered. Interviews with residents/representatives demonstrate satisfaction with how the home meets their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents are encouraged to participate in decisions about their care and the services provided by using processes such as case conferences, surveys, resident meetings and other feedback mechanisms. Information on residents' rights and responsibilities is included in the residents' handbook, resident and accommodation agreement and is displayed in the home.

Observations confirm residents are provided with relevant choices in respect of meals, activities and other day to day matters. Interviews confirm a process is in place to have comments or complaints managed at the appropriate level. Residents/representatives are satisfied with the homes' approach to choice and decision making for residents in the home.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

There are processes to ensure residents have secure tenure within the home and understand their rights and responsibilities. Prospective residents and/or their representatives are given a tour of the home. On entry residents receive a residency agreement and an information handbook which outline care and services, residents' rights and the complaints resolution processes. New residents are orientated to the home and ongoing communication with residents/representatives is encouraged through family and individual meetings. Residents and their representatives are consulted and consent is gained prior to residents moving rooms. Residents/representatives are satisfied with security of tenure within the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Four and recent examples of this are listed below.

- An internal audit (January 2014) and an assessment contact from the Australian Aged Care Quality Agency (February 2014) noted the living environment at the home required attention. Bedroom and lounge furniture was perishing or in unfavourable condition, there was rising damp in some areas and the central courtyard was in a "poor state". In April 2014 the home received funding for a major refurbishment including replacement of all unsuitable lounge furniture, new bedside tables and wardrobes, new curtains, flooring, skirting boards, internal garden and water feature, air conditioning, renovated bathrooms and other interior improvements. After more than a year of ongoing building and decorator works, stakeholders reported satisfaction with the work process being completed with minimal disruption and a high degree of approval for the final outcomes.

- Management noted appropriate storage of resident care equipment such as water chairs, lifters and tub chairs was always a difficult challenge. To address this issue management identified and created designated correct storage places for all equipment. The care manager then embarked on a program to educate staff with clear directions about where each piece of equipment should be stored when not in use. During the week the program worked well with staff storing equipment in the correct areas. On the weekend staff were less compliant, so a checklist was created to ensure they also understood the process. Stakeholders report the home looks cleaner and tidier.

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

This expected outcome is based on the home's regulatory compliance system, referred to in expected outcome 1.2 Regulatory compliance. The home has used those processes to identify and implement a range of compliance measures relevant to Standard Four Physical environment and safe systems. These include:

- Implementation of a staff consultation process to choose if they preferred a work health and safety (WH&S) committee or a representative in accordance with current legislation.

- The team observed documents stored on site used to inform the workforce of relevant legislation and regulatory requirements such as work health and safety and manual handling information displayed on a staff notice board, food safe information in the kitchen and infection control policy and procedure.

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations. Staff training records and interviews with staff indicate most staff have fulfilled the mandatory fire awareness and evacuation training.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and Staff Development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Four is listed below.

- The orientation program includes training in; fire safety, infection control, manual handling, accident/incident reporting, and the maintenance system.

- The in-service program covering topics such as: infection control, fire awareness and evacuation, manual handling, health and safety and risk management.

- All catering staff have attended food safety training.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home has systems to ensure a safe and comfortable environment for residents. The home has a maintenance program to ensure the building, equipment and grounds are maintained in a satisfactory and safe condition. Maintenance staff undertake regular inspections of residents' rooms and the public areas to ensure they are safe and free from hazards. The home provides a secure environment with coded security egress from the building. Residents are accommodated in shared rooms and use shared bathrooms and toilets. Residents are encouraged to personalise their living space with their belongings.

There are two communal dining/activity rooms used by the residents who speak Greek and English as their first language. There is a newly furnished and accessible courtyard which is well-used by residents and their visitors. Residents and representatives generally expressed their satisfaction with the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. A Work Health and Safety Committee meets regularly to assist in developing, monitoring and reviewing work health and safety procedures to ensure a safe environment and work practices. All staff receive work health and safety training. Work health and safety issues are identified through audits, incident and hazard reports and are addressed through maintenance or risk management processes. Equipment and supplies are available to support safe work practices. Workplace incidents are reported and actioned and a trained staff member is available to support injured staff return to work. Staff said management are responsive to staff suggestions and requests relating to work health and safety.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to promote the safety and security of residents, visitors and staff. These include emergency and fire evacuation policy and procedures as well as regular checks of the fire indicator panel, sprinkler system and other fire safety equipment by an authorised contractor. Staff attend annual mandatory (e-learning) fire awareness training and also equipment and evacuation procedure training. They receive reminder letters if they fail to

attend. All registered nurses receive extra training as fire safety wardens so that a trained person is in charge on every shift. Fire safety and emergency flip charts are situated in close proximity to telephones and fire evacuation signs and diagrams are displayed around the home. The home has an emergency response and disaster management plan. There is an evacuation bag with a current resident evacuation list, name tags and photographic identification. Safe storage of chemicals is maintained in all areas and safety data sheets are available at point of use. The home's fire safety and security system is monitored through audits and inspections. Staff stated they have received training and know how to respond in the event of the fire alarm sounding. Residents/representatives are generally aware to await staff instructions.

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 infection control policy and program with infection control clinical indicators and antibiotic use collated monthly. These statistics are monitored for trends and benchmarked at relevant meetings. The home has recently appointed a new infection control coordinator who will receive training at the organisation's head office. Preventative measures include annual mandatory infection control education and hand washing competencies for all staff disciplines, hand sanitising cleanser availability, a cleaning regime and a resident and staff vaccination program. There is a food safety program to monitor food and equipment temperatures. Outbreak management information and resources are available. The home maintains a waste management system and a pest control program. Staff have access to personal protective clothing and colour coded equipment and have understanding 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

Catering

There are systems to identify residents' meal requirements and preferences on entry into the home and as their needs change. Where residents have special requirements these are recorded and provision is made to provide for them. All meals are cooked on site using a four-week rotating menu, which is devised and reviewed by a dietician. While the menu is generated from head office residents have input into a range of meal choices and options for both the lunch and evening meals. Meals are prepared in a central kitchen on site and transported to the dining rooms for serving. The kitchen and dining areas are clean and orderly with a system to ensure food served is safe. Most residents said they are satisfied with the variety, quantity and quality of food.

Cleaning

Residents' rooms are cleaned daily and are scheduled for regular detailed cleaning weekly. Common areas and bathrooms are cleaned daily. Resident rooms and common areas were

observed to be clean at all times during the visit. The contract cleaners state that they have adequate and well-maintained equipment and that they follow a scheduled cleaning process that is periodically monitored for quality. Residents /representatives interviewed stated the home is always clean and tidy.

Laundry

Laundry services are provided seven days a week and all linen and personal laundry is washed on site. Staff have policies and procedures in place for laundry services and were observed to be following accepted practice in maintaining laundry flows and infection control. Residents/representatives interviewed by the team expressed satisfaction with the laundering services