



Australian Government

Australian Aged Care Quality Agency

Regis Ku-ring-gai Gardens

RACS ID 2742
245-247 Pacific Highway
HORNSBY NSW 2077

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 25 June 2015.

The audit was conducted on 20 May 2015 to 21 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 |



Australian Government

Australian Aged Care Quality Agency

Audit Report

Regis Ku-ring-gai Gardens 2742

Approved provider: Regis Aged Care Pty Ltd

Introduction

This is the report of a re-accreditation audit from 20 May 2015 to 21 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 20 May 2015 to 21 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: | Ruth Heather |
| Team member/s: | Helen Hill |

Approved provider details

| | |
|---------------------------|-------------------------|
| Approved provider: | Regis Aged Care Pty Ltd |
|---------------------------|-------------------------|

Details of home

| | |
|----------------------|---------------------------|
| Name of home: | Regis Ku-ring-gai Gardens |
| RACS ID: | 2742 |

| | |
|--|----------------|
| Total number of allocated places: | 70 |
| Number of care recipients during audit: | 68 |
| Number of care recipients receiving high care during audit: | 68 |
| Special needs catered for: | Not applicable |

| | |
|------------------------|-------------------------|
| Street/PO Box: | 245-247 Pacific Highway |
| City/Town: | HORNSBY |
| State: | NSW |
| Postcode: | 2077 |
| Phone number: | 02 9476 3499 |
| Facsimile: | 02 9476 1873 |
| 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 |
| Clinical manager | 1 |
| Regional manager NSW | 1 |
| Quality and compliance manager | 1 |
| Registered nurses | 4 |
| Care staff | 6 |
| Enrolled nurse/wound care/infection control | 1 |
| Office coordinator | 1 |
| Administration staff | 1 |
| Cleaning contract manager | 1 |
| Cleaning staff | 2 |
| Care recipients/representatives | 13 |
| Club services manager | 1 |
| Physiotherapy aide | 1 |
| Lifestyle staff | 2 |
| Laundry staff | 1 |
| Senior maintenance supervisor | 1 |
| Maintenance officer | 1 |
| Regional catering manager | 1 |
| Chef/manager | 1 |
| Catering staff | 2 |
| Physiotherapist | 1 |

Sampled documents

| Category | Number |
|--|--------|
| Care recipients' files (including assessments, care plans, medical officers notes, progress notes and various reports) | 9 |
| Personnel files | 8 |
| Medication charts | 8 |

Other documents reviewed

The team also reviewed:

- Catering, cleaning and laundry: menu, dietary preference summary, NSW Food Authority audit, standard recipes, catering satisfaction survey, cleaning schedules and records, cleaning inspections, laundry cleaning schedule, linen stock records
- Clinical care: case/family consultation reports, diabetic management, wound care, catheter care, physiotherapy documentation
- Comments and complaints: emails, feedback forms, continuous improvement form log
- Continuous improvement: audits and audit schedule, audit results spreadsheet continuous improvement action records
- Education and staff development: education matrix, training attendance records, training evaluations
- Fire, security and other emergencies: fire service records, annual fire safety statement, relocating evacuation plan, resident movement form, emergency manual
- Human resource management: position descriptions, daily routine lists, annual performance review/appraisal, rosters, professional registrations, visa checks, statutory declarations, staff handbook, orientation guide, employment pack
- Infection control documentation: evidence of resident vaccination, outbreak management documentation, pest control records, monthly summary and trend data
- Information systems: quality system folders, newsletters, various committee meeting agendas and minutes, memoranda, archive register, meeting planner, electronic communication systems (including e-mail, Internet, Intranet and various purposespecific computer programs), residents' lists
- Inventory and equipment and external services: maintenance records, contractor agreements, contractor insurances, licences, police checks
- Leisure and lifestyle, cultural and spiritual: monthly activities programs, activity invitation list, newsletters, record of activities and attendance, and evaluations. electronic resident assessments, care plans and progress notes
- Living environment: maintenance records, thermostatic mixing valve records, legionella test reports, preventative maintenance schedule, maintenance logs, environmental audits, work orders
- Medication management: medication charts, administration signing charts, nurse initiated medications authorised by medical practitioners, medication refrigerator and temperature monitoring records, Schedule 8 drugs register, medication incident reports, clinical pharmacist reviews
- Occupational health and safety: safety data sheets, hazard forms, incident reports, hazardous/nonhazardous chemical register, safe work procedures, if you are injured at work pack
- Planning and leadership: vision, mission, philosophy

- Regulatory compliance: reaccreditation self-assessment, elder abuse register, staff police check system, NSW Food Authority license, regulatory compliance folder
- Security of tenure: new care recipient information kits (including resident handbook and agreements)

Observations

The team observed the following:

- Activities calendar displayed and activities in progress (including pet therapy and happy hour, exercise group and concerts), activity resources
- Archive storage
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Charter of residents' rights and responsibilities, vision, mission and philosophy on display
- Chemical storage - secure
- Daily menu displayed
- Dining rooms at meal times (the serving and transport of meals, staff assisting residents with meals and beverages, nutritional supplements)
- Equipment and supply storage areas and equipment in use
- Fire monitoring and firefighting equipment and signage, evacuation documentation, emergency flip charts
- Infection control signage, personal protective equipment, outbreak supplies, spills kits, infectious waste bins, sharps disposal containers, hand-washing facilities, colour coded cleaning equipment, hand gel available, garbage storage areas
- Interactions between staff, residents and visitors, assistance provided to residents at meal times and staff answering call bells in a timely manner
- Internal and external complaints forms on display, confidential feedback box for lodgement
- Living environment, grounds
- Medication rounds and storage
- Notice boards for staff and residents
- Safety signage and staff safe work practices
- Secure storage of resident information
- Short small group observation
- Staff practices and interactions with residents, visitors and other staff

- Thickened fluids and texture modified meals, water jugs in rooms
- Visitors register and security measures

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

Regis Ku-ring-gai Gardens has a quality framework which assists in the active pursuit of continuous improvement across all four Accreditation Standards. The quality framework supports the identification, implementation and evaluation of improvement opportunities and activities. The identification of areas for improvement occurs through scheduled regular audits, analysis of incidents and clinical indicators and resident/representative and staff meetings and through the comments and complaints system. Surveys and direct feedback from residents, their representatives and staff also contribute to the home's quality framework. Information about improvements is communicated through meetings and associated minutes, newsletters and notices. Residents, representatives and staff reported the home's management is responsive to their suggestions for improvement.

The home has made planned improvements in relation to Accreditation Standard One - Management systems, staffing and organisational development, including:

- An organisational initiative was undertaken in relation to information systems. In line with the resident of the day process, administration staff complete a monthly check of each resident's financial and clinical file. This ensures the most current information including emergency contacts, next of kin and enduring power of attorney is in place. The process is working well, the facility manager continues to monitor the process and there has been a measured improvement across the organisation's homes.
- Management identified that staff were not consistently reading memos. To address this registered nursing staff now read and discuss new memos with the staff at each handover meeting. Each memo is read for a week to ensure all staff are aware of the information. This has resulted in improved communication within the home. Positive feedback has been received from staff.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

There are systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation’s corporate management team monitors legislation, regulations and guidelines and updates and issues policies and training in response to changes. The home’s management team disseminates changes to staff and monitors the implementation of regulatory changes and adherence to regulatory requirements through audit processes and observation of staff practice.

Communication to staff about changes in policy and procedure occurs through electronic notifications and notice boards, meetings, memoranda and staff education programs.

Examples of compliance with regulatory requirements specific to Accreditation Standard One

- Management systems, staffing and organisational development include:

- Systems and processes are in place to ensure all staff, allied health professionals and contractors have current criminal record checks.
- The provision of information to residents and stakeholders about internal and external complaint mechanisms.
- The monitoring of staff visa’s to ensure compliance with immigration laws.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

There are processes to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. The review of documentation and interviews with management and staff demonstrate training needs are identified. Mandatory education, programmed training opportunities and competency testing ensure staff have the necessary knowledge and skills to meet the needs of the residents in their care. Guest speakers, qualified staff, an electronic training platform and external education opportunities are used to ensure a variety of training is provided. Staff are encouraged to pursue further education through external training opportunities and utilising the organisational scholarship program. There is a recruitment procedure and orientation process for new staff. All staff interviewed reported they have access to education on a regular basis. Education documentation and interviews confirmed education has been provided in relation to Accreditation Standard One. Examples include funding tool champion workshop, corporate orientation program, resident transfer equipment and responding to call bells.

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 have access to internal and external complaints mechanisms at Regis Ku-ring-gai Gardens. Information regarding internal and external feedback and complaints processes is provided in the resident handbook and the resident agreement.

Feedback forms and confidential feedback and suggestion boxes are available in the home. Further opportunities for feedback are provided to residents and representatives at resident meetings, case consultations and via surveys. Residents, resident representatives and staff are generally aware of the home's feedback system and expressed satisfaction with the resolution of any concern they raised. Residents/representatives stated they often speak directly with the manager or staff and they respond in a timely manner to any concern they may have.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's vision, mission and philosophy are documented and the commitment to quality is expressed through the statements. Observations and document review demonstrates the organisation's vision, mission and philosophy are available to all stakeholders in printed format and are displayed in the home. Interviews with residents/representatives and our observations showed management and staff model behaviours consistent with the organisation's vision, mission and philosophy.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are systems and processes for the provision of appropriately skilled and qualified staff, sufficient to provide services in accordance with the Accreditation Standards and the organisation's vision, mission and philosophy. The organisation has processes for recruitment, orientation and ensuring staff are eligible to work in aged care. Rostering processes ensure shifts are filled with suitably qualified staff. Management report they adjust staffing levels and provided recent examples of increasing staffing hours to meet the needs of residents in response to staff and resident feedback. Staff are encouraged to pursue further education

through in-house and external training opportunities. Staff express satisfaction with the training opportunities provided by the organisation.

Residents/representatives are complimentary about the care staff provide and expressed satisfaction with the skill staff demonstrate in the provision of care. They state staff are attentive to residents' needs and generally responsive to their requests for assistance.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home's processes to monitor and reorder goods are effective and ensure stocks of appropriate goods are available and provided as needed. Goods, including chemicals are securely and appropriately stored. New equipment needs are identified through feedback from staff and residents and the regular auditing of the home. Equipment procurement, replacement and maintenance processes ensure appropriate equipment is available. Staff are satisfied with the availability and suitability of goods and equipment. Staff are involved in new equipment trials and are provided with training in the use of new equipment.

Residents/representatives are satisfied with the availability of appropriate goods and equipment.

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

There are systems for the creation, storage, archiving and destruction of documentation within the home. We observed that confidential information such as resident and staff files is stored securely. Processes are in place to consult with residents and/or their representatives and to keep them informed of activities within the home. Information is disseminated through meetings, notice boards, memoranda, communication books and diaries, handover reports, newsletters, information technology systems and informal lines of communication. The computers at the home are secure and there are processes for the backup of the computer system. There is a system of surveys and audits to identify the need to review policies, procedures and staff work practices. Residents and staff state they are kept informed and are consulted about matters that may impact them. This occurs through the display of information such as minutes of meetings, newsletters, notices, policies and procedures and at various meetings, informal discussions and on electronic notice boards.

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 home's needs and service quality goals. Contracts with service suppliers are established and regularly reviewed. There is a system for ensuring contractors have the relevant insurances, licences and police checks.

Safe work practices are ensured through a work, health and safety contractor orientation process. The organisation has a preferred supplier/contractor list. A range of allied health professionals and hairdressers provide on-site care and services for residents. The home monitors the quality of goods and services provided by external service providers through observation and feedback mechanisms such as meetings and audits. Staff and resident/representative interviews indicate satisfaction with current external services.

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 a description of the overall system of continuous improvement. In relation to Accreditation Standard Two - Health and personal care, audits are completed and clinical indicators are recorded and benchmarked.

The home has made planned improvements in Accreditation Standard Two - Health and personal care including:

- Management identified that nursing staff would benefit from further education in basic nursing skills. Competencies have been commenced for new staff and they are carried out during the probationary employment period. Staff have provided positive feedback about the initiative. Management state staff are aware of correct nursing practices and the standard the home requires and they are satisfied with the improvement in nursing care.
- The number of residents with challenging behaviour has increased. To assist staff to identify interventions to minimise behaviours education has been delivered to registered nurses, assistants in nursing and lifestyle staff. Staff have enjoyed the education and state they feel more confident in caring for residents with challenging behaviours. The number of behavioural incidents has reduced since the training was provided.
- Management identified the need for a system to rotate the site of regular blood sugar monitoring tests (finger prick) and insulin injection sites for residents with diabetes. The system provides direction to staff as to where to carry out tests and place injections, which is ensuring residents do not experience unnecessary pain and are as comfortable as possible.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory Compliance for a description of the overall system related to this expected outcome.

Examples of regulatory compliance with regulations specific to Accreditation Standard Two - Health and personal care include:

- There are systems to ensure that professional registrations for registered nurses, enrolled nurses, medical officers and allied health providers are monitored and maintained.
- There is a system of review by an accredited pharmacist of residents’ medication management.
- Medications are stored and managed in line with NSW state legislation 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 monitors and provides education to ensure management and staff have appropriate skills and knowledge. Review of the education documentation and interviews confirmed education relating to Accreditation Standard Two - Health and personal care has been provided for management and staff. Examples include working with challenging behaviours, falls prevention, pressure ulcer prevention, oral nutrition and supplements, skin tears, providing medication assistance, diabetes, continence management, the management of restraint and pain and dementia.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

There are systems to ensure residents receive appropriate clinical care. Documentation confirms residents’ needs are assessed on a regular basis and changes to care are made to support the residents’ assessed needs as required. Residents can nominate a medical officer of their choice and many doctors are available to visit the home. Residents also have access to after-hours medical treatment. Some doctors are available to come at any time; otherwise

the after-hours service is available. Residents are transferred to hospital whenever there is an identified need. Doctor's notes confirm regular review and updates to care regimes. Care plans support the daily care activities required and a care consultation is held to enable residents/representatives the ability to have input into their planned care. Staff confirmed knowledge of procedures they are required to undertake for residents relating to clinical care and ways that individualised care is provided to the residents. Observations of vital signs are carried out on a routine basis. Residents/representatives confirmed they are satisfied with the care provided, and say the staff are very caring and they have confidence in the staff caring for their needs.

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

There are systems to ensure residents' specialised nursing care needs are identified and are managed appropriately by the staff. Staff gave examples of and confirmed their knowledge of current specialised needs such as diabetic management, blood glucose monitoring, catheter care and wound management. Staff said they are educated on these procedures and understand the need to report any concerns they have to the registered nurse. Observations and registered nurse interviews demonstrated they have access to sufficient supplies of equipment for residents' specialised nursing care needs. Residents/representatives said if they or their resident had a specialised care need they are confident it would be appropriately managed by the staff. Documentation reviewed showed there has been consultation with appropriate specialists to assist in the management of specialised care needs.

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

There is an effective system to ensure there are referrals of residents to appropriate health specialists. Documentation reviews and interviews demonstrate residents have been seen by a range of health services some of which visit the home such as physiotherapy, podiatry, speech pathology, dietitian, optometry, audiometry, wound care, clinical pharmacist and pathology services. Residents/representatives said sometimes the residents were able to be seen at the home and sometimes they go to the community to access the service. Staff at the home arrange referrals and assist with arranging appointments as required.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has a system in place to ensure that residents’ medication is managed safely and correctly. Medications are administered to the residents by registered nurses and suitably qualified staff, from a seven day unit dose blister packaging system. Medications are stored and managed safely and in accordance with regulatory requirements. A medication profile clearly identifies the resident and the current medical officer’s orders for each resident.

Registered nurses are consulted about the administration of residents’ PRN (as required) medications. A review of medication charts confirmed they are reviewed regularly by medical officers. A medication incident reporting system is in place. A medication advisory committee provides advice on the home’s medication management system and a clinical pharmacist conducts regular medication reviews on individual residents. Residents/representatives are happy with the management of their medication.

2.8 Pain management

This expected outcome requires that “all care recipients are as free as possible from pain”.

Team’s findings

The home meets this expected outcome

The home has processes to ensure that all residents are as free as possible from pain. This includes assessment and care planning processes, treatments provided by the physiotherapist and review by doctors when indicated. Physiotherapist and physiotherapy aide staff provide a pain management program consisting of massage, heat packs, exercise classes and transcutaneous electrical nerve stimulation (TENS) treatments. Verbal and non-verbal pain assessments are available for staff to use. Alternative pain relief measures are also available such as repositioning and heat packs/massage. Ongoing pain management assessments are conducted for these residents and any residents who develop pain, to enable pain levels to be monitored on a regular basis. Staff demonstrate an understanding of the need to identify pain and ways in which the staff can assist in identifying those residents who may be experiencing pain. They confirm they report residents identified to be experiencing pain to a registered nurse for review. Residents/representatives said they are maintained as free from pain as possible and staff ask about their pain needs regularly.

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 ensures that residents requiring palliative care have their comfort and dignity maintained. This includes processes to identify residents’ end of life wishes including discussions relating to end of life planning. Residents/representatives are invited to participate

in completing end of life wishes. Some registered nurses have been trained to specialise in palliative care delivery. Staff also have access to palliative care teams to assist with the care of residents if required. All residents have single rooms which supports the privacy and dignity of residents receiving palliative care. Management report the representatives of residents who are terminally ill can stay in the home overnight if desired. Care staff said they are provided with education to enable them to provide comfort and dignity to terminally ill residents.

Residents/representatives said they are comfortable their wishes would be considered and respected.

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

Residents receive adequate nourishment and hydration. Residents’ nutrition and hydration needs are assessed and a care plan is developed. Information regarding the resident’s likes and dislikes, choices and preferences are made available to kitchen staff and updated on a daily basis. Residents are offered a menu which offers choice of meals to ensure it meets their likes and dislikes. Provision is made to support residents who require dietary assistive devices, blended meals, thickened fluids, special diets and meals cut up. Staff record all resident’s weights monthly. The dietitian is available to consult residents who have fluctuations in weight which may impact on their health status. High protein, high energy drinks and supplements are introduced where there is a noted decline in appetite or weight. A speech pathologist has reviewed several residents in relation to their swallowing and dietary needs. Staff are able to identify residents who need encouragement with their diet due to weight fluctuations.

Residents/representatives expressed they are satisfied with the quality of food and drinks offered.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure that residents’ skin integrity is consistent with their general health. Residents’ files confirm assessment of their skin integrity is completed and a care plan is developed. Care plans include assistance provided in maintaining/improving the residents’ skin integrity. Management strategies include application of skin emollients, use of sheep skin products, slide sheets, limb protectors, special cushions and alternating air mattresses. Wound charts record treatment of any breakdown in skin integrity and wound charts and progress notes record the ongoing progress of the wound. The accident and incident reporting system records incidents of breakdown in residents’ skin integrity. A podiatrist is also available to assist in the promotion and maintenance of residents’ toenails. Staff said that residents’ skin integrity is monitored daily and that they report any abrasions, rashes or abnormality to the registered nurse. Residents/representatives confirmed they are happy with the skin care provided.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Results of observation, interviews and documentation confirm the home has a system in place to ensure residents’ continence is managed effectively. Residents’ files show there is an assessment of the residents’ needs and a care plan is developed. Care plans include the management for each resident’s continence. A disposable continence aid system is used for residents who are assessed as requiring it. Staff confirm their responsibility for monitoring residents’ needs and reporting changes to the registered nurses. Registered nurses review individual residents’ requirements to ensure care needs are appropriate. Staff confirmed there are adequate supplies of disposable continence aids of varying sizes available for residents. Residents/representatives confirmed they are happy with the care provided.

2.13 Behavioural management

This expected outcome requires that “the needs of care recipients with challenging behaviours are managed effectively”.

Team’s findings

The home meets this expected outcome

The home has effective systems in place to manage residents’ challenging behaviours. Residents/representatives said they are very happy with the care, the staff management and interaction with residents requiring this care. Behaviour assessments are completed as required and care plans are developed to assist in providing appropriate intervention strategies to manage residents’ behaviours. Progress notes indicate an ongoing evaluation of the effectiveness of the strategies. Other allied health providers are also accessed to assist with management plans for residents. Staff confirmed various strategies they use to assist them to manage residents’ behaviours and also say they are provided with education to improve their behavioural management skills. Staff were observed to interact with residents in a caring and calming manner.

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

Residents are assisted to achieve optimum levels of mobility and dexterity. The home has systems to assess, manage and evaluate residents’ mobility and to achieve optimum levels of mobility and dexterity. A physiotherapist and physiotherapy aide provide services to the residents. The physiotherapist develops individualised programs for residents which may include a range of movement exercises, walking programs, specific exercises and breathing exercises. The physiotherapy aide supports residents with exercise programs. Any changes in mobility and falls incidents are followed up by the physiotherapist. Residents were observed to be actively participating in the daily physical exercises. Staff advised of how they assist with maintaining mobility for residents and confirm they have been provided with education on

manual handling. Residents/representatives are satisfied with the efforts made by staff to maintain/improve 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

The home has strategies in place to ensure the residents' oral and dental health is maintained. Residents/representatives said they are happy with all care provided. Residents' oral and dental needs are assessed and a care plan is developed. Residents can attend their own dentist in the community and a mobile dentist is available to visit the home three times per year. We were informed by the care staff that if residents need to attend a dentist, staff assist in arranging appointments if necessary. Staff have attended education sessions regarding current methods in maintaining oral care for residents. Staff expressed their knowledge of oral care and care of residents' teeth and dentures.

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 identifies and effectively manages residents' sensory losses. Assessments of residents' sensory needs are undertaken during entry to the home and when there is a change in the resident's condition. Care staff advised of strategies they use to assist residents with vision and hearing loss such as explaining the location of items to residents with vision loss and providing hearing aid care. Residents/representatives said staff assist them with the care and maintenance of their glasses and hearing devices. The living environment is conducive for residents with sensory loss. Staff who provide activities for the residents identified sensory activities offered such as hand massage, garden walks and aromatherapy.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home has implemented strategies to ensure residents can achieve natural sleep patterns through initial and ongoing identification of night care requirements.

Residents/representatives advised that the environment is quiet and comfortable for them to achieve uninterrupted sleep. Staff confirmed various ways in which they can assist in supporting an adequate sleep pattern for residents including offering warm drinks and snacks, one-to-one time and pain management strategies.

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 a description of the overall system of continuous improvement. In relation to resident lifestyle, resident meetings, the complaints system and resident surveys are used to gather feedback from residents.

The home has made planned improvements in Accreditation Standard Three - Resident lifestyle including:

- Management identified the need to review the home’s lifestyle program. In consultation with residents the lifestyle program has been reviewed and improved. New activities include a monthly high tea, poetry reading, art activities and coffee club. An exercise session has been added to the Saturday program. There is an increase in special events to keep the program fresh and interesting for residents. The lifestyle staffing hours have been increased to enable a larger selection of daily activities. The resident newsletter has been updated with more information about activities. Positive feedback has been received from residents and staff about the improvements.
- A suggestion was made that a resident should be elected to represent the residents in discussions with management. A resident has been elected and they meet weekly with the Club service manager to discuss any issues brought to their attention by residents. This enables ideas and concerns to be brought to the attention of the management team regularly.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for a description of the overall system related to this expected outcome.

Examples of regulatory compliance with regulations specific to Accreditation Standard Three

- Resident lifestyle include:

- Staff are provided with training for the reporting of alleged or suspected resident assault and there is an elder abuse register in place.
- The Charter of Residents’ Rights and Responsibilities is displayed in the home and is included in documents which are provided to all residents.
- Resident and staff information is stored in a manner that meets privacy legislation 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 monitors and provides education to ensure management and staff have appropriate skills and knowledge. Education documentation and interviews confirmed education relating to Accreditation Standard Three - Resident lifestyle has been provided for staff. Examples include obligations regarding the mandatory reporting of elder abuse, privacy and dignity, caring for grieving families, person centred approach, privacy, dignity and customer service.

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

Each resident receives support in adjusting to life in the new environment and on an ongoing basis. Information is also collected including assessments of emotional, leisure, physical, cultural, social and family care needs. The home offers a variety of written information to assist in ensuring that residents are well informed about the home. We observed that residents receive emotional support from management and staff. Many residents have personalised

their rooms with photos and other items. Recreational activity staff described how they provide residents with emotional support, particularly during the early days after arrival, such as introducing them to other residents and checking on a daily basis to ensure they are aware of and invited to attend activities on the day. Residents/representatives said staff make them feel welcome and many commented that the staff are very supportive and look after them exceptionally well.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are encouraged to maintain their independence and participate in community life and their ability to make choices is facilitated and respected. The Charter of Residents' Rights and Responsibilities is on display within the home. Residents who wish to participate in activities and community outings are encouraged to do so. Residents are also supported in maintaining their contacts with family and the community. The activities program ensures residents, who are able, have access to the community via regular visits to the home by various community members such as entertainers and volunteers. Bus trips are provided on a weekly basis. Residents are free to join family outings and activities outside of the home when they wish. Equipment is available to support resident independence such as mobility aids and handrails in corridors. Residents confirm they are 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

The home has a system in place to ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. Residents/representatives are provided with information relating to the home's privacy policy. The offices are designed to enable residents' personal information to be maintained in a confidential manner. Staff were observed to be diligent about maintaining residents' privacy, closing doors to residents' rooms and knocking before entering a resident's room. Staff advise ways they can enhance resident's privacy and dignity when providing care. Residents/representatives confirm residents' privacy and dignity is respected at all times and staff are particularly considerate when attending to personal care.

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

Residents are encouraged and supported to participate in leisure interests and activities. The home provides an interesting, individualised and varied recreational activity program.

Assessments and care plans are completed to identify residents' interests and activities of interest to them. The lifestyle co-ordinator, recreational activity officers, volunteers and entertainers all support activity programs which are held seven days a week. The monthly and daily activity programs are displayed. Assessments such as social needs and interests of residents information, assists in development of the monthly activity program. Other information used to assist in the development of the program includes attendance at activity sessions, feedback via the resident meetings and evaluations of activity sessions. Individual room visits are provided for those who choose not to participate in group activities and residents are assisted to maintain their individual interests. The activity programs have a range of activities available such as musical entertainers, current affairs, high tea, board games, painting/art and coffee club. Residents/representatives confirm they are supported and encouraged to participate in activities.

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 to ensure individual interests, beliefs and cultural and ethnic backgrounds are valued and fostered. This includes assessment and care planning processes. Special celebrations are held for cultural and religious days such as Australia Day, ANZAC Day, St Patrick's Day, Easter and Christmas. A Catholic Church representative provides communion every Sunday and the Catholic Church provides services at Easter and Christmas. An Anglican and Uniting Church minister deliver a service every alternate month.

Residents/representatives are satisfied with the services available to them and that the home values and fosters residents' individual interests, customs, beliefs and cultural backgrounds.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has effective systems to assist residents to participate in decisions about the care and services they receive. Residents and/or their representatives are informed of choices available and their rights through information provided such as the resident agreement and the resident handbook. Information on advocacy services is also available and the Charter of Residents' Rights and Responsibilities is on display. Residents/representatives were able to confirm a number of choices and decisions they are encouraged to make. These include for example choice of meals, choice to visit friends in the community, to go shopping and choice of participation in activities. They said they have been made aware of their rights and responsibilities and were complimentary of the service's encouragement and response regarding individual choices and decisions. Minutes of the meetings for residents confirmed there are discussions on topics which enable residents a freedom of choice.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

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

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has made planned improvements relating to Accreditation Standard Four - Physical environment and safe systems, including:

- The organisation introduced an initiative to improve infection control and promote a focus on oral hygiene. The initiative is the seasonal (three monthly) replacement of toothbrushes. A different coloured toothbrush is provided each season enabling staff to ensure the toothbrushes are replaced routinely. In addition a mobile dental service has commenced visiting the home to assess residents’ dental health. The dental service provided training to staff which has assisted staff to provide a consistent standard of dental and oral care to residents.
- It was identified there was an increase in unlabelled resident clothing in the laundry. The unlabelled clothing created clutter in the laundry and there was decreased satisfaction in the laundry service from residents. Laundry staff were retrained in the use of the clothing labelling machine. Lost property was made available to residents and representatives on the weekend. Information around finding lost property and labelling was communicated via the newsletter and email. In addition four additional hours have been added to the weekly roster to provide time for staff to label resident’s clothing. Since these initiatives there has been a reduction in unlabelled clothing and complaints about lost laundry.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for a description of the overall system related to this outcome.

Examples of regulatory compliance with regulations specific to Accreditation Standard Four - Physical environment and safe systems include:

- There is a system for the regular checking and maintenance of fire safety equipment and a current fire safety statement is on display. The home is fitted with a sprinkler system.
- There is a current New South Wales (NSW) Food Authority license on display. The food safety system is regularly audited by the NSW Food Authority and meets the legislated requirements for food safety.
- Appropriate testing and monitoring is carried out on the hot water system for water temperature safety and legionella testing occurs.

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 monitors and provides education to ensure management and staff have appropriate skills and knowledge. Education documentation and interviews confirmed that education relating to Accreditation Standard Four - Physical environment and safe systems has been provided for management and staff. Examples include fire procedures, hand washing competencies, infection control, work, health and safety, manual handling, food safety, chef’s workshop and the safe management of cytotoxic medications.

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 provides extra services accommodation. Each resident has their own room and ensuite bathroom. There are attractively furnished sitting, dining and recreational areas, landscaped courtyards and outdoor sitting areas. Discrete security measures are in place to

reduce the risk of residents wandering from the home. The building has wide corridors and adequate lighting. The home is air conditioned and residents are able to control the temperature of their own rooms. Regular environmental audits are carried out to monitor the standard of cleaning and maintenance, identify possible hazards and ensure safety. There are systems for preventative and reactive maintenance and to ensure the ongoing maintenance of the grounds and gardens. Observation of the home and feedback from residents/representatives and staff show high satisfaction with the safety and comfort of the environment which meets residents' needs.

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 demonstrates it is working to provide a safe working environment that meets regulatory requirements. There are systems to regularly monitor work, health and safety (WHS) in the home, including the routine and preventative maintenance of equipment.

Trained WHS representatives oversee and facilitate the home's WHS system and processes. Staff are provided with regular training and supervision to ensure they work safely.

Management monitors the WHS system through regular incident and hazard reporting, audits and the feedback system. The home maintains a register of hazardous substances and ensures staff have access to safety data sheets. Staff were observed to carry out their work safely. Staff are aware of and have input into the home's WHS system.

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

There are systems to promote the safety and security of residents and staff. These include emergency and fire evacuation procedures as well as maintenance checks of all fire equipment and systems. Staff interviews demonstrate they are familiar with the fire safety equipment and procedures and they confirmed they attend regular fire safety training. There is evacuation information which ensures vital information is available to staff in an emergency and an evacuation plan and emergency manual in place. There are security procedures and strategies to ensure the buildings and grounds are secure. There is a no smoking policy in the buildings and there are nominated smoking areas in the grounds. Residents and staff state they feel safe and secure in the home.

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 systems for identifying and managing infection. There is an effective infection control program which includes the offering of influenza vaccination for residents and staff, waste management, cleaning and laundry processes and a food safety program. Registered nurses monitor residents' infections and data is collated and analysed by staff responsible for infection control in the home. Residents' individual infections are identified and managed appropriately. Education is provided to staff and information is provided to those visiting the home to prevent or address infectious outbreaks. Outbreak management information and resources and equipment are available. Staff have access to sufficient supplies of appropriate infection control equipment including personal protection equipment, spills kits, sharps disposal and clinical waste bins.

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

There are systems to identify residents' meal requirements and preferences on entry to the home and as residents' needs change. All meals are cooked on site based on a four-week seasonal rotating menu. There are processes for feedback and consultation regarding the menu. Special occasions and cultural/religious days are celebrated with special foods and meals. Residents are able to choose from a menu which offers a choice of dishes for each course and staff cater to individual resident meal preferences and dietary needs as required. The kitchen is clean and orderly with systems to ensure food is handled safely. There are cleaning schedules, processes and monitoring systems to ensure residents' rooms and public areas are maintained in a clean and tidy condition. Residents/representatives expressed satisfaction with the variety, quantity and quality of the meals and the cleanliness of the environment. There are systems for the provision of laundry services and a clothing labelling service is available. Residents /representatives are generally satisfied with the laundry service provided.