



**Australian Government**

---

**Australian Aged Care Quality Agency**

## **Residential Gardens**

RACS ID 0367  
420 Woodstock Avenue  
ROOTY HILL NSW 2766

**Approved provider: Residential Gardens For Spanish Speaking Frail Aged Limited**

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 09 September 2018.

We made our decision on 24 July 2015.

The audit was conducted on 23 June 2015 to 25 June 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

## Standard 2: Health and personal care

### Principle:

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

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

## Standard 3: Resident lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



**Australian Government**

---

**Australian Aged Care Quality Agency**

## **Audit Report**

**Residential Gardens 0367**

**Approved provider: Residential Gardens For Spanish Speaking Frail Aged Limited**

### **Introduction**

This is the report of a re-accreditation audit from 23 June 2015 to 25 June 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 23 June 2015 to 25 June 2015.

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

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

## Assessment team

<b>Team leader:</b>	Maria Toman
<b>Team member:</b>	Mark Chapman

## Approved provider details

<b>Approved provider:</b>	Residential Gardens For Spanish Speaking Frail Aged Limited
---------------------------	---

## Details of home

<b>Name of home:</b>	Residential Gardens
<b>RACS ID:</b>	0367

<b>Total number of allocated places:</b>	84
<b>Number of care recipients during audit:</b>	83
<b>Number of care recipients receiving high care during audit:</b>	37
<b>Special needs catered for:</b>	NA

<b>Street/PO Box:</b>	420 Woodstock Avenue
<b>City/Town:</b>	ROOTY HILL
<b>State:</b>	NSW
<b>Postcode:</b>	2766
<b>Phone number:</b>	02 8887 5555
<b>Facsimile:</b>	02 8887 5500
<b>E-mail address:</b>	Nil

## Audit trail

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

### Interviews

Category	Number
Chief executive officer	1
Operations manager	1
Care manager	1
Registered nurses	2
Care staff	11
Administration assistant	1
Physiotherapist	1
Residents/representatives	13
Catering staff	2
Laundry staff	2
Cleaning staff	2
Maintenance staff	1
Lifestyle and activity staff	1

### Sampled documents

Category	Number
Residents' files including: care plans, progress notes and medical notes	11
Personnel files	3
Medication charts including nine PRN (as needed) medication charts	68

### Other documents reviewed

The team also reviewed:

- Accident/incident documentation: incident reports, indicator monthly benchmarking reports and data analysis, incident summary registers
- Activity and social profiles; lifestyle activity plans; lifestyle activity attendance records; lifestyle evaluations; lifestyle notices regarding activities; video recording of volunteers attending on the weekend
- Advanced care directives

- Allied health and medical specialists referrals and reports
- Care assessment tools including initial assessment on entry to the home and annual re-assessment of changes in care needs
- Care conference tools
- Care monitoring tools including: weight monitoring, clinical observations, bowel charts, pressure area care charts, monitoring charts, shower charts, hearing aid charts and others
- Care plan review schedules
- Catering documentation: food safety program and refrigerator temperature records, menu
- Cleaning schedules
- Comments and complaints records
- Communication systems – diaries, doctors and allied health professionals communication folders, newsletters, memoranda, meeting schedule and minutes, faxes
- Continence aids allocation lists
- Diet analysis on entry to the home, dietary change notification, weight loss monitoring, food and fluid intake charts
- Education calendar and education records
- Evacuation maps, fire and emergency manual, fire equipment checking records
- Hazard alert folder
- Human resource management documentation: job descriptions and duty lists, staff handbook, staff rosters
- Infection control manual, monthly infection surveillance reports, spills kit checklists, infection data summaries and analysis, vaccination records for residents and staff
- Maintenance service reports from external contractors, maintenance log, preventative maintenance program
- Meeting minutes including: management, staff and residents
- Pain assessments, pain monitoring tools, physiotherapy and registered nurse pain management programs
- Policies and procedures
- Privacy consent forms, media consent forms, privacy collection statements
- Quality management system documentation: policies, procedures and forms, manage your issues and actions log (plan for continuous improvement), audit folders including schedules and results



- Records of reportable and non-reportable incidents
- Regulatory compliance documentation: registered nurse registrations, police check register, records of reportable and non-reportable assaults
- Residents' information handbook, information package and newsletter
- Self-assessment report for re-accreditation
- Specialised nursing tools including: catheter changing and ongoing care, wound assessment and management, diabetes management including individual management guidelines, palliative care and others
- Temperatures for medication fridges
- Visitors, residents, volunteers and contractors - sign in and out books

## Observations

The team observed the following:

- Activities in progress, activity programs on display, residents' individual activity equipment availability, group recreational activity equipment and resources
- Annual fire safety statement on display
- Charter of Residents' Rights and Responsibilities on display
- Chemical supplies
- Clinical stores and continence aids
- Emergency and firefighting equipment, evacuation pack and contents, sprinkler systems
- Equipment and supplies in use and in storage such as lifting equipment, manual handling aids, mobility equipment and pressure relieving aids in use and in storage
- Feedback mechanisms including internal feedback forms, catering communication book and external agency complaints and advocacy brochures available in English and Spanish
- Hairdressing salon
- Handrails in corridors and bathrooms
- Infection control items, including hand wash stations, hand sanitiser dispensers around the home, general and contaminated waste disposal systems, colour coded cleaning equipment, equipment sanitisers, sharps containers, personal protective equipment, outbreak kit and spills kits
- Interactions between residents and staff, medical and other health and related services personnel
- Key pad security on doors

- Living environment internal and external
- Lunch and beverage services with staff assistance; daily and rotating menus displayed
- Manual handling information charts on display
- Material safety data sheets
- Medication administration across the home, medication trolleys, medication storage
- New South Wales Food Authority Licence on display
- Notice boards – resident and staff areas
- Re-accreditation notices on display
- Secure storage of resident information
- Short group observations
- Snacks and water jugs available to residents
- Vision and values on display
- Visiting Doctors clinic in progress, with residents waiting to see the doctor and being assisted by the registered nurse

## 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

Management at Residential Gardens actively pursues continuous improvement across the four Accreditation Standards. The home's quality program to identify improvement opportunities includes feedback and complaint mechanisms, scheduled audits, surveys, incident and clinical indicator reporting and feedback from meetings. The effectiveness of the continuous improvement system is monitored through the home's quality and other committee meetings by reviewing data from audits, incidents and clinical indicators and through feedback. Residents/representatives and staff stated they have opportunities to make suggestions for improvement and are aware of improvements undertaken in the home.

Examples of recent improvements implemented in relation to Accreditation Standard One include:

- Resident and staff handbooks were reviewed as well as other promotional documentation. This was undertaken to ensure they are reflective of current legislative requirements including fee structures. The review has been completed and the updated handbooks have been made available to all staff and residents.
- An increase in resident care needs has been identified by management. In response additional care hours have been rostered for the morning and afternoon shifts. Feedback from residents and care staff has been positive since the additional hours were introduced.
- In response to staff feedback concerning difficulties in transporting linen to and from the laundry, a foot operated double laundry skip has been purchased for use by laundry staff. The new skip provides a safer and more hygienic method for transportation of linen within the home. Feedback from staff has been positive since the new skip was introduced.
- Following a number of occasions where residents had sustained minor injuries, whilst on outings with relatives and friends, it was noted that these were not always reported to care staff on return to the home. To ensure these injuries are captured in clinical indicators an external incident document has been introduced. Resident/relatives and staff have received education concerning the document.

## 1.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation subscribes to an independent information service and is a member of an industry body which provides ongoing information about industry issues and regulatory changes. The management team monitors the home’s adherence to regulatory requirements through audit processes, competency assessments and observation of staff practices. Changes in policies and procedures are communicated to staff via meetings, memoranda, notice boards and staff education programs.

Examples of regulatory requirement undertaken in relation to Accreditation Standard One include:

- Procedures to monitor criminal history checks for staff, volunteers and contractors.
- Procedures to ensure any staff working at the home are holding current visas.
- Procedures to check the currency of external contractors’ registrations and insurances.

## 1.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

There are systems to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The recruitment process clearly identifies the knowledge, skills and education required for each position. There is an orientation program for all new staff. The education program, including topics covering the four Accreditation Standards, is developed with reference to management assessment of training needs, performance appraisals and staff input. Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through performance appraisals and competency assessments. Management and staff reported they are supported to attend relevant internal and external education and training. Residents/representatives interviewed were of the view staff have the skills and knowledge to perform their roles effectively.

Examples of education and development attended by management and staff in relation to Accreditation Standard One include:

- Handling comments and complaints
- Managing reportable incidents.

## 1.4 Comments and complaints

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

### **Team's findings**

The home meets this expected outcome

The home has policies and procedures for complaints management. All stakeholders are encouraged to provide feedback on the services provided through meetings, brochures, notices and surveys. Residents and/or their representatives are informed of the internal and external complaints mechanisms on entry to the home. This is documented in the handbook provided which is available in English and Spanish. Feedback forms for comments, complaints and suggestions are accessible for stakeholders. Information on the external complaints scheme and advocacy services in both English and Spanish are on display.

Residents/representatives and staff stated management is approachable and responsive regarding any issues or concerns.

## 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 home has documented its vision, values, philosophy, objectives and commitment to quality. This documentation has been made available and communicated to all stakeholders in the home through policies and procedures manuals, resident and staff handbooks and is on display in the home. In addition, staff are made aware of the home's vision, values, philosophy, objectives and commitment to quality through its staff recruitment, induction and education processes, staff meetings and other communication.

## 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 home to have skilled and qualified staff, to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. The home has processes for recruitment and orientation for new staff, training and staff development, supervision, performance appraisals and a range of competency skills assessments. Management reported they adjust staffing levels based upon resident needs, reviewing clinical indicators, observations and staff and resident feedback.

Management are committed to providing ongoing education to all staff as evidenced by the education program. Residents/representatives expressed satisfaction about the staff, the care

they provide and that they are knowledgeable and have a caring attitude towards the residents.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home has purchasing systems and stocks of goods and equipment appropriate for quality service delivery are available. The majority of goods in regular use are ordered through established approved service suppliers. Stock levels are managed and maintained by designated staff. The Operations Manager oversees corrective and planned preventative programs and testing and tagging of electrical equipment is undertaken annually.

Management monitors the inventory and equipment system through inspections, review of incident and hazard forms, audits and requests from stakeholders. Residents/representatives and staff generally stated and observations indicated there are adequate supplies of goods and equipment available for use in the home.

### **1.8 Information systems**

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

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

The home meets this expected outcome

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 are stored securely. Information is disseminated through emails, meetings, notice boards, newsletters, memoranda, diaries, handover reports and informal lines of communication. The computers at the home are password protected and there is a process for backing up the system. The home has a system of internal audits to ensure compliance with their policies and procedures. Staff are positive about the quality and quantity of information they receive which keeps them informed and up to date with daily activities at the home.

Residents/representatives stated they receive sufficient information when they enter the home and are satisfied with the ongoing information provided.

### **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

There are systems and processes to ensure external services are provided to meet the home's care and service needs and quality goals. Service contracts with a range of external providers and service suppliers are established and are regularly reviewed. The home has an approved supplier/contractor listing available for staff. External suppliers of goods and services are

required to provide evidence of their insurance, workplace health and safety obligations, license or business registration details and criminal history certificate as required. Contractors sign a register when working at the home and are overseen by the maintenance officer. All work performed is monitored for quality and effectiveness of service through inspections, audits, surveys and feedback. A range of allied health professionals provide on-site care and services for residents. Residents/representatives and staff are satisfied with external services provided at the home.

## 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 an overview of the home's continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard Two include:

- Management identified the need for a review of external allied health providers. A new podiatrist and dietician contract was sourced resulting in more reliable and prompt service for residents. Staff gave positive feedback regarding the improved service for residents.
- Due to changes in resident care needs being identified, new equipment including a variety of pressure relieving mattresses and a bariatric bed. This has led to increased comfort and safety for residents and staff. Resident/staff feedback following the introduction of the new equipment has been positive.
- Following a suggestion from care staff a mobile shower chair has been purchased to improve safety and care of residents. Care staff education and consultation with residents has been undertaken and feedback from residents and care staff has been positive
- In response to resident feedback a hearing aid monitoring form has been created for use by care staff to ensure residents with hearing aids are monitored to ensure correct procedure including instructions for use and battery replacement is followed. Care staff has received education and since being introduced feedback from residents has been positive.



## 2.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Two include:

- Implementing a system to ensure registered nurses and other health care professional registrations are maintained.
- The home’s storage and administration of medication is in accordance with the relevant legislation.

## 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

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard Two.

Examples of recent education and training attended by staff in relation to Accreditation Two include:

- Medication management
- Palliative care

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Residential Gardens has systems and policies to ensure residents receive clinical care appropriate to their needs. The initial assessments form the basis of care needs of each resident. Ongoing care needs are reviewed throughout a number of care documents and progress notes. Care plans are developed and reviewed by registered nurses. The home has access to medical officers, registered nurses and allied health professionals as needed for

advice pertaining to resident care needs. Regular ongoing monitoring of the residents' changing clinical needs is documented into the care plan by registered nurses as needed.

Case conferences are conducted involving the doctor, allied health professionals, the family and the resident. Staff interviews demonstrate they are knowledgeable about the care requirements of individual residents and procedures related to clinical care.

Residents/representatives provided very positive feedback about satisfaction with the clinical care; some saying that staff go out of their way to meet residents' 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

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 evaluated by registered nurses. Staff have access to resources from supply providers. Specialist medical and allied health professionals are accessed to review residents' individual needs as required. Review of clinical records shows residents receive attention for diabetic management, catheter care, complex wounds and other specialised nursing care needs. 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. Review of care documents show residents are referred to allied and other health professionals of their choice when necessary. Review of clinical records show residents have access to specialists' services including: cardiologist, psychologist, mental health team, geriatrician, dermatologist, gastroenterologist, wound care specialist, dietician, podiatry, oral and dental care and other health related services.

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

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure residents’ medication is managed safely and correctly. Medications are stored in lockable cupboards. Medications are administered by staff who have received education and competency assessment in this area. Administration of medications is completed on the printed medication chart that is signed by the resident’s preferred doctor. Pharmacy supply medications on a regular basis and are available after hours. Review of medication incidents shows management of each incident is consistent with resident safety. Observation of medication administration confirms safe practice. Interviews with residents/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 following entry to the home, as a component of physiotherapy assessment. Following assessment a plan to manage the pain is developed; and implemented by physiotherapists and registered nurses. Review of documents shows pain assessment for both verbal and non-verbal experiences of pain are in use. Individual pain needs are considered to ensure the most appropriate method of pain relief is used for each resident. Review of documents show residents are referred to external medical specialists to assist with pain relief as required. Observation of staff practices shows consultation with residents about pain management. Interviews with residents/representatives demonstrate satisfaction with the way the home effectively manages residents’ 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 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’ discomfort. The home has designated resources to provide for resident comfort at this time. The home has access to external specialist palliative care support. Spiritual support for residents and their representatives is available as required. Advanced care directives are in place. Residents/representatives confirm the home’s practices maintain residents’ comfort and dignity.

## **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 occurs and this is communicated to the appropriate staff. Interviews with staff confirm residents’ special dietary needs are catered for and this includes special diets, pureed 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/representatives demonstrate a high degree of satisfaction with food choices and meal service 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 residents’ skin care effectively. An assessment of the resident’s 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 and other assistive devices. 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 residents/representatives demonstrate satisfaction with skin 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 residents/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 assessments to identify residents’ behaviour management needs. This includes identifying triggers and developing individual strategies for behaviour management. Registered nurses 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 staff and observations of their interactions with residents confirm appropriate management of behaviours. Interviews with residents/representatives demonstrate satisfaction with how staff manage 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 physiotherapy assessment is completed on entry to the home. Physiotherapists attend the home each week to implement customised mobility and exercise programs for residents.

Physiotherapists manage exercise classes for residents. The home maintains appropriate levels of equipment to assist with mobility for residents. 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 the resident’s oral and dental needs is completed on entry to the home, and annually thereafter. The home has access to visiting dental services. Review of documents confirms utilisation 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 the resident’s sensory loss is completed on entry to the home. The home has access to a number of visiting allied health professionals such as dietician, optometrists and others to assist with effective management of sensory loss. Review of documents confirms access to allied health services when the need arises. Care staff assist in the maintenance of visual and auditory aids. Lifestyle 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

The home ensures residents are able to achieve natural sleep patterns. An assessment of the resident’s normal sleep routines is undertaken on entry to the home. The home provides blankets and pillows as desired by each individual, to promote optimal sleep. Interviews with staff confirm residents’ individual sleep needs are assessed and met. Interviews with residents/representatives demonstrate satisfaction with strategies to achieve natural sleep patterns.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard Three include:

- Care staff have introduced resources to enable residents to be active and reduce disruptive behaviours. The resources include a number of items that enable residents to feel useful and engage in various activities of their own choice. The new resources have led to a reduction in disruptive behaviours by residents.
- In order to promote socialisation and interaction between residents, a weekly “happy hour” which includes serving of drinks and snacks has been introduced. Singing and dancing is also encouraged. The “happy hour” is held in alternate locations within the home to ensure all residents are able to attend. The “happy hour” has promoted increased socialisation and interaction between residents.
- In response to a suggestion from care staff a program of weekend activities managed by lifestyle volunteers from a local church has been introduced. The activities include a program of dancing, singing, craft games and one on one activities. The sessions are well attended and have proved to be very popular with residents and relatives leading to increased socialisation and interaction between residents and relatives on weekends.
- Following feedback from care staff, lifestyle hours have been increased to provide additional activities coverage in the afternoon/early evening for residents. Since being made available the increased afternoon coverage by lifestyle staff has led to a decrease in disruptive behaviours by residents.

### **3.2 Regulatory compliance**

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

#### ***Team’s findings***

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Three include:

- Updating of resident agreements consistent with relevant legislative changes.
- Providing a system for the compulsory reporting and recording of alleged or suspected resident assaults in accordance with regulatory requirements.
- All staff sign a confidentiality statement on orientation to the home.

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

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

#### ***Team’s findings***

The home meets this expected outcome

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard Three.

Examples of recent education and development attended by staff in relation to Accreditation Standard Three include:

- Elder abuse and mandatory reporting
- Privacy for residents.

### **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 staff support to help residents adjust to life within the home and provide 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 resident handbook, assessment of cultural and spiritual needs, care planning, case conferences and evaluation of the care provided.

Residents are encouraged to personalise their room to help create a homelike atmosphere by bringing personal items. Staff provide residents with emotional support, including one-to-one interaction by care and lifestyle staff. Interviews with residents and their 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 encouraged to maintain their independence. Residents' preferences and abilities in relation to a range of activities of daily living and lifestyle are identified and included in the activity program. The activities program is designed to promote independence and community participation as well as encouraging friendships between residents. 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.

Residents' consent is obtained to disclose certain information within the home. Staff recognise and respect each resident's privacy, dignity and confidentiality as demonstrated in observation of daily work practice. The respect for individual dignity was observed during meals, with staff ensuring the completion of one meal option before introducing another.

Other examples include addressing residents by their preferred names, knocking prior to entering a resident's room and storing confidential resident records and belongings securely. Interviews confirmed residents/representatives are satisfied the resident's right to privacy, dignity and confidentiality is recognised and respected.

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

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

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

The home meets this expected outcome.

The home has systems to encourage and support residents to participate in a range of activities of interest to them. The home's activities calendar is based on resident interests.

Resident feedback is sought through meeting forums and informal chats to address changing needs and preferences. Lifestyle staff manage individual visits for residents who do not wish, or are unable, to participate in group activities. Some of the most popular activities include birthday celebrations, bingo and coffee shop. Residents/representatives are satisfied that resident participation is encouraged and supported and the activities offered by the home are of interest to the residents.

### **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 celebrates many culturally significant events for example the Patron Saint of the home day, and various national and international days of celebration. The home has regular volunteers who are very popular with the residents. Review of lifestyle documents and interviews with staff confirm individual beliefs are fostered. The home has access to external spiritual practitioners of various faiths to meet resident individual needs. Observations and interviews show the home supports the celebration of individual cultural values. Interviews with residents/representatives demonstrate satisfaction with how the home meets residents' 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, meetings and other feedback mechanisms. Information on residents' rights and responsibilities is included in the resident information package, resident agreement and is on display in the home. Observations confirm residents are provided with relevant information regarding meals, activities and other resident choices. Interviews confirm a process is in place to have comments and complaints managed at the appropriate level. Residents/representatives are satisfied with the 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

The home has processes ensuring potential and new residents and representatives are provided with information both in English and Spanish on security of tenure, their rights and

responsibilities and the choices available to them for care and services. A resident agreement is given to each resident and 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/ representatives reported they 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

Refer to expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard Four include:

- New furniture including tables and chairs has been purchased for the outside courtyard. The new furniture has improved the safety, aesthetics and environment for all residents.
- Following a review by management the fire emergencies evacuation pack checklist has been updated. The checklist will be reviewed on a weekly basis to ensure all contents including the residents listing is current and up to date and the equipment is functioning.
- In response to resident feedback a commercial style refrigerator with glass doors has been purchased and located in the dining room. The glass door enables residents to easily view the contents that included chilled water and fruit juice. Ready access for residents to fluids is available at all times. Feedback from residents/representatives has been positive since access to the refrigerator was made available.
- A review of the fire and emergency documentation at the home has been conducted. In response to the findings new fire and emergency manuals have been developed and introduced to ensure the home complies with industry standards and regulatory requirements.

## 4.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Four include:

- A current fire safety statement meets regulatory requirements.
- The home has a food safety program audited by the NSW Food Authority and a current NSW Food Authority licence for vulnerable persons is on display.
- Chemicals are securely stored and safety data sheets (SDS) are displayed adjacent to the chemicals to which they refer in accordance with work health and safety legislation.

## 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

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard Four.

Examples of recent education attended by staff in relation to Accreditation Standard Four include:

- Fire equipment and evacuation procedures
- Infection control
- Manual handling

#### **4.4 Living environment**

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

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

The home meets this expected outcome

The home has systems to ensure management is actively working to provide a safe and comfortable environment consistent with residents' needs. Residents' rooms are personalised with personal furnishings and mementos. The safety and comfort needs of the residents are addressed through its provision of safe access to communal indoor and outdoor areas, appropriate furnishings, handrails and sufficient ventilation, cooling, heating and lighting. The home monitors its environment through the internal audit program and the continuous improvement team meetings. A work health and safety system and preventative and corrective maintenance program ensures that the physical environment is maintained in a safe manner. Residents/representatives stated they are satisfied with the environment of the home.

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

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

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

The home meets this expected outcome

The home provides a safe working environment consistent with workplace, health and safety (WHS) policy and regulatory requirements. There is a system to record, analyse and review staff incidents and identified hazards. Staff receive WHS education on orientation and on an annual mandatory basis. Management monitors the WHS system through regular inspections, incident and hazard reporting, audits and feedback. New equipment is risk assessed for safety considerations and staff training is provided as required. Safe work practices were observed on site and staff stated they receive relevant education.

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

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

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

The home meets this expected outcome

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 and other fire safety equipment by an authorised contractor. Staff attend annual mandatory fire awareness, equipment and evacuation procedure training. Fire safety and emergency flip charts are situated in close proximity to telephones. Fire evacuation signs and diagrams are displayed and the home has an emergency management plan. There is an evacuation bag with a current resident evacuation list and photographic identity. Staff stated they have received training and know how to respond in the event of the fire alarm sounding. Residents/representatives stated 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 an effective infection control program with systems for managing and minimising infections. The program includes staff education, audits, and discussion of infection issues at regular meetings. Staff monitor equipment temperatures, food temperatures, medication refrigerators and use colour coded equipment. Hand hygiene is available throughout the home. There are formal cleaning schedules to maintain hygiene levels. Observation and interview show staff have an understanding of infection control principles and guidelines. The home has access to personal protective equipment and supplies for handling an outbreak or infection.

#### **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 in the home's kitchen using a four week rotating menu. Texture modified diets are provided based on assessed needs. The kitchen is clean and orderly with systems in place to ensure food safety. Cleaning of the home occurs according to a documented schedule and in response to need. There are systems for the effective provision of laundry services and a clothing labelling service is provided. Residents/representatives generally stated they are satisfied with the variety, quality and quantity of food provided. Residents/representatives residents also expressed satisfaction with the cleanliness of the living environment and the laundry services provided.