



Australian Government

Australian Aged Care Quality Agency

Southern Cross Campbell Apartments

RACS ID 2937
2 White Crescent
Campbell ACT 2612

Approved provider: Southern Cross Care (NSW & ACT)

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 28 January 2019.

We made our decision on 08 December 2015.

The audit was conducted on 04 November 2015 to 05 November 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 care recipients, 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:

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.

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: Care recipient lifestyle

Principle:

Care recipients 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 Care recipient security of tenure and responsibilities	Met

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.

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



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Audit Report

Southern Cross Campbell Apartments 2937

Approved provider: Southern Cross Care (NSW & ACT)

Introduction

This is the report of a re-accreditation audit from 04 November 2015 to 05 November 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 04 November 2015 to 05 November 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:	Philippa Clarke
Team member:	Veronica Hunter

Approved provider details

Approved provider:	Southern Cross Care (NSW & ACT)
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Details of home

Name of home:	Southern Cross Campbell Apartments
RACS ID:	2937

Total number of allocated places:	40
Number of care recipients during audit:	38
Number of care recipients receiving high care during audit:	35
Special needs catered for:	10

Street/PO Box:	2 White Crescent
City/Town:	Campbell
State:	ACT
Postcode:	2612
Phone number:	02 6248 5432
Facsimile:	02 6257 2430
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Care team manager	1
Deputy care team manager	1
Regional manager	1
Registered nurses	2
Team leader/fire officer/continence nurse	1
Care staff	7
Administration assistant	1
Pastoral care coordinator	1
Care recipients/representatives	12
Recreational activities officer	1
Podiatrist	1
Physiotherapist aide	1
Occupational therapist	1
Cleaning/laundry staff	1
Maintenance staff	1
Contracted catering staff	2

Sampled documents

Category	Number
Care recipients' files including assessments, care plans, progress notes (care and medical) charts and forms, allied health documentation, pathology results, consultant referrals and associated documentation.	5
Residential care and accommodation agreements (signed)	7
Medication charts	20
Personnel files	6

Other documents reviewed

The team also reviewed:

- Care associated documentation including handover sheet, current restraint authorities, wound management documentation and photographs (electronic)
- Care manual – policies and procedures
- Care recipient information package, resident handbook
- Cleaning and laundry schedules
- Communication books – registered nurses and care staff
- Continence management documentation including continence aid distribution chart, continence management folder
- Continuous improvement documentation including quality improvement action sheets and plan, audit schedule and audit results
- External services documentation including contractor/supplier service agreements, preferred contractor/supplier list, external provider audit
- Fire security and other emergencies including fire safety equipment service records, audits, care recipient evacuation information, emergency disaster plan, fire safety statement
- Food safety program, kitchen cleaning logs, food and equipment temperature records, food safety audit report
- Human resource management including staff handbook, statutory declarations, position and shift duties descriptions, signed code of conduct and confidentiality of information statement, roster
- Incident/Accident forms including medication incidents
- Infection control documentation including Australian Guidelines for the prevention and control of infection in health care, outbreak management documentation, vaccination records for staff and care recipients
- Information systems including electronic information, organisational intranet, organisational charts, strategic plan, policies and procedures, meeting schedule, agendas and minutes, newsletters, memoranda, lifestyle satisfaction survey, communication diaries
- Inventory and equipment including maintenance request register, planned preventative maintenance schedule, equipment service reports, electrical testing and tagging, thermostatic mixing valve records, Legionella testing reports, call bell audits
- Leisure and lifestyle documentation including 2015 activity record/activity evaluation, weekly activities program, resident permissions 2015, social, cultural and religious assessment,

- Medication management documentation including diabetes management plans, warfarin management system, short term antibiotic system, nurse initiated medications, assessment for self medicating care recipients, schedule eight (S8) drugs of addiction register, pain monitoring logs
- Minutes of meetings
- Occupational therapy assessment, evaluation and massage treatment sheets
- Pastoral care participants manual, pastoral carers handbook
- Pre-audit survey results
- Regulatory compliance information including compulsory reporting register, criminal history certificates and alert system, professional registrations
- Self assessment for reaccreditation tool
- Staff education including training calendar, orientation program and checklist, mandatory and non-mandatory education attendance, education evaluations, competencies including hand washing and medication, resources
- Workplace, health and safety (WH&S) information including environmental audits, workplace inspections, hazard reports, register of WH&S risks

Observations

The team observed the following:

- Activities in progress, lifestyle calendar, associated resources, photographic records of past activities and events
- Aged care complaints scheme, advocacy, feedback forms, posters and other information on display, locked suggestion box
- Charter of residents' rights and responsibilities on display
- Cleaning in progress, trolleys and supplies, wet floor signage in use
- Equipment and supply storage areas including clinical, linen and continence aids
- Evacuation egresses unobstructed, emergency evacuation packs, care recipient evacuation identification wrist bands, emergency flip charts
- Firefighting equipment checked and tagged, main fire panel and mimic panels, sprinkler system, fire evacuation diagrams, designated smoking area, fire evacuation instructions in care recipient rooms
- Handover in progress
- Infection control resources including hand washing facilities and instructions, hand sanitising cleanser dispensers, spill kits, sharps waste disposal containers, outbreak resources, personal protective and colour coded equipment, waste management
- Interactions between staff and care recipients

- Kitchen and serveries, daily menu
- Laundry and care recipients personal laundry; labelling machine
- Living environment internal and external
- Lunch and beverage services with staff assistance
- Manual handling and mobility equipment such as lifting machines, hand rails, mobile walking frames, walking sticks and walk belts.
- Medication round and secure storage of medication and medication trolleys
- Mission, vision and values statements on display
- Newsletter
- Outbreak trolleys and supplies
- Quality agency reaccreditation audit notice on display
- Secure storage of confidential care recipient and staff information, archive room
- Small group observation in secure area lounge room
- Wound care trolley and supplies

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

A quality management system is in place and the home is actively pursuing continuous improvement. Areas for improvement are identified through input from all stakeholders using mechanisms that include: improvement/feedback forms, regular meetings and a program of audits. All opportunities for improvement that are identified are recorded on a continuous improvement plan that enables the planning, implementation and evaluation of the improvements. This process is coordinated by the care team manager who is assisted by a services review committee with representatives from all work areas. Care recipients/representatives and staff are encouraged to actively contribute to this process and those interviewed report they are aware of the ways they can make suggestions for improvement.

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

- Due to the increasing needs of care recipients management have been reviewing registered nurse coverage. In August 2014 management increased registered nurse coverage to six days a week, and on call outside of these hours. Management are continuing to monitor the registered nurse coverage to ensure care recipient needs are being met. The increased coverage has resulted in the needs of care recipients being more effectively met and care staff are receiving extra professional support.
- A review of the podiatry program identified that due to the podiatrist visiting on Saturdays, management were not available to provide direction, and also several care recipients may miss the appointments due to being on weekend leave. To improve access for care recipients and allow for oversight, the home reviewed its podiatry program and appointed a new podiatrist who visits six weekly on a Friday. Attendance on a business day ensures management are available to provide assistance and oversight. Care recipient interviews revealed that those utilising this service are happy with the new provider. Management and staff interviews confirm the new provider's service is regular and reliable assisting to improve care recipients' general health and wellbeing.

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 identifies all relevant legislation, regulatory requirements, professional standards and guidelines through information forwarded by government departments, peak industry bodies and other aged care and health industry organisations. This information is disseminated to staff through updated policies and procedures, regular meetings, memos and ongoing training. Relevant information is disseminated to care recipients and their representatives through meetings, newsletters, notices on display in the home and personal correspondence. Adherence to these requirements is monitored through the home’s continuous quality improvement system, which includes audits conducted internally and by external bodies. Staff practices are monitored regularly to ensure compliance with regulatory requirements.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard One.

- A system is in place for managing criminal record checks for all staff and volunteers.
- A system is in place for securely storing care recipients and staff information.

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 is a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The recruitment process identifies the knowledge, skills and education required for each position. There is a comprehensive orientation program for all new staff and a buddy system is used to support the new staff during their first days of employment. There is an education program, including topics covering the four Accreditation Standards, which is developed with reference to regulatory requirements, staff input, performance appraisals and management assessments. The program includes: in-service training by senior staff, training by visiting trainers and suppliers, aged care training packages and on-line training, on the job training, and access to external training and courses. 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 interviewed report they are supported to attend relevant internal and external education and training. Care recipients/representatives interviewed said staff have the skills and knowledge to perform their roles effectively.

Examples of training and education sessions relating to Accreditation Standard One include: the vision, mission and philosophy of the organisation, accreditation, effective documentation, workplace bullying and harassment, aged care funding instrument.

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 systems to ensure care recipients/representatives and other interested parties have access to internal and external complaint mechanisms. This includes displaying information about the Aged Care Complaints Scheme in the foyer of the home. Information on how to raise complaints is also contained within the handbook for care recipients as well as the residential care and accommodation agreement, which is provided to care recipients/representatives as part of the entry process to the home. Care recipients/representatives informed us they are able to raise any concerns directly with the manager or other staff and those who had raised concerns were satisfied with the outcomes.

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 vision, mission and values are well documented and on display in the home. The vision, mission and values are included in the orientation program and all staff are required to abide by a code of conduct that is aimed at upholding the rights of care recipients and the home's vision, values and commitment to quality. Interviews with care recipients/representatives and our observations showed management and staff model behaviours consistent with the organisation's vision and values.

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

Management has systems to ensure there are appropriately skilled and qualified staff to meet the needs of the care recipients. New staff are screened through the recruitment process to ensure they have the required skills, experience, knowledge and qualifications for their roles. There are job descriptions for all positions and policies and procedures provide guidelines for all staff. The staffing mix and levels are determined with reference to care recipients' needs, a range of clinical monitoring data and feedback from staff and care recipients/representatives. Relief staff are drawn from existing permanent and casual staff to ensure any vacancies that arise in the roster are filled. The performance of staff is monitored through annual appraisals, competencies, meetings, audits, the feedback mechanisms of the home and ongoing observations by management. Staff interviewed said they have sufficient time to complete their

designated tasks and meet the needs of care recipients. Care recipients/representatives reported their satisfaction with the care provided by the staff.

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 demonstrated it has a system to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. There are processes to identify the need to re-order goods, address concerns about poor quality goods and maintain equipment in safe working order. Responsibility for ordering goods is delegated to key personnel and is overseen by the care team manager. Staff confirmed they have sufficient stocks of appropriate goods and equipment to look after care recipients and are aware of procedures to obtain additional supplies when needed. Education on any new equipment is provided to staff members by the company providing the equipment. The home has a preventative and reactive maintenance program to ensure all equipment is working effectively.

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 information management systems to provide management and staff with information to perform their roles effectively and keep care recipients/representatives well informed. Assessments and clinical care notes, which are regularly reviewed, provide the necessary information for effective care. A password protected computer system facilitates clinical documentation, electronic administration and access to the internet, the organisation's intranet and e-mail communication. Policy and procedure manuals and job descriptions outline correct work practices and responsibilities for staff. Care recipients/representatives receive information when they come to the home and through meetings, case conferencing and newsletters. Mechanisms for communication between and amongst management and staff include meetings, memos, communication books, handover sheets, feedback and reporting forms, newsletters and noticeboards. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and care recipients/representatives report they are kept well informed and consulted about matters that impact on them.

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 is a system to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. The home accesses externally sourced services

from a list of service providers who have been approved by the organisation. External service providers are required to have current licences, insurance and comply with relevant legislation and regulatory requirements. There are schedules for all routine maintenance work to be undertaken. Care recipients are able to access external services such as hairdressing, podiatry, physiotherapy and other allied health professionals. The services provided are monitored by management at a local and regional level through regular evaluations and audits. Care recipients/representatives, staff and management interviewed say they are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

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

- Due to the increasing needs of care recipients, and ageing in place, management arranged to purchase a syringe driver. Previously a syringe driver was borrowed from another of the organisations homes whenever needed, but this was not always practical. Following the purchase of the syringe driver, education was provided to registered nurses at handover regarding appropriate use and storage. Having the syringe driver on site at all times has improved access to pain relief for palliating care recipients.
- Following a suggestion from a product supplier, management introduced a colour coded seasonal toothbrush replacement program for all care recipients to ensure each person's dental care is undertaken using clean and fresh equipment. The team leader is responsible for ensuring all toothbrushes are replaced seasonally. The regular toothbrushes replacement program assists care recipients with maintaining their oral and dental health.

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 details about the home's system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Two.

- The home's systems ensure all professional registrations are current.
- The home has policies and procedures for responding to missing care recipients.

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 details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of training and education sessions relating to Accreditation Standard Two include: pain management, continence management, wound dressings, medication management, palliative care, and oral 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

Care recipients/representatives reported quality clinical care is provided at the home and individual needs and preferences are respected. A comprehensive program of assessments is undertaken when a care recipient moves into the home and a care plan is developed using the computerised clinical care system. Care plans are reviewed and evaluated regularly.

Medical officers review care recipients regularly and as requested and referrals to specialist medical and allied health services are arranged as required. A range of care based audits, clinical indicators, care recipient surveys, meetings and staff handovers are used to monitor the quality of care. Staff receive clinical care training, supervision and have access to appropriate supplies of equipment to ensure quality clinical care is provided for all care recipients.

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

Care recipients/representatives said they are satisfied with specialised nursing care at the home. There are systems to ensure care recipients’ specialised nursing care needs are identified and met by appropriately qualified staff. Specialised nursing care needs are assessed and documented in care plans when a care recipient moves into the home. A review of documentation including the computerised clinical care system shows changes are documented in progress notes, clinical charts, specialist forms and charts and in care plans. Care plans are reviewed and evaluated on a regular basis. Registered nurses attend care recipients’ specialised care and equipment is supplied as needed to meet individual need.

Staff said they receive training in specialised nursing care and the use of equipment.

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

Referrals to appropriate health specialists are organised in a timely manner in accordance with care recipient’s assessed needs and preferences. Correspondence received from specialists or health professionals is followed up by the care recipient’s medical officer and staff. Care plans are updated to reflect any changes to care and there are systems in place to ensure staff are informed of any changes. Staff practice is monitored in the use of assessment tools and methods of facilitating referrals to appropriate health specialists.

Management monitors referral mechanisms to ensure they are current, appropriate and effective. Care recipient/representatives said they are satisfied with the referral systems, timeliness of referrals to specialists and feedback received.

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

There are policies and processes to ensure all care recipients’ medication is managed safely and correctly. These include regular pharmacy deliveries, the secure storage of medications and internal and external audits. Staff administer medication using a prepacked medication system and the care team manager oversees the home’s medication management system processes. All prescribed medications are recorded in the paper based medication charts.

Review of care recipients’ medication profiles show current medical officers’ orders are recorded and information includes medication identification sheets, photographic identification, care recipient allergies and medication allergy status. Care recipients who self- administer medications are assessed for capability and safety. All staff administering medications are assessed according to the home’s medication policy through initial skills based assessments, then annually or as required. Care recipients/representatives confirmed they are satisfied with the home’s management of care recipients’ 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

Care recipients are assessed on entry and on an ongoing basis to ensure they are as free as possible from pain. Any care recipient identified with pain, including those at risk of pain, is assessed and has a pain management plan. The plan is monitored and regularly evaluated for effectiveness by the registered nurses and occupational therapist in consultation with the care recipient/representative and healthcare team. Medication and alternative approaches to

manage pain are used including massage, the provision of emotional and spiritual support, exercise, re-positioning, music, and the use of pain relieving equipment such as heat packs. Staff receive education in pain management and staff practice is closely monitored by management. Care recipients/representatives said they are satisfied with the way their pain is managed.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Management has practices in place to ensure the comfort and dignity of terminally ill care recipients is provided and families are supported. Medical Orders for Life Sustaining Treatment forms are discussed with care recipients/representatives soon after entry to the home or as appropriate. Palliative care planning incorporates a multidisciplinary approach with access to palliative care specialists and specialist equipment. The management team ensure that pastoral and spiritual care is available to care recipients/representatives as required and requested. Families are welcome to stay with the care recipient if desired.

Staff practice is monitored to ensure it is consistent with needs and preferences of care recipients and staff have access to education in palliative care. Care recipients/representatives said management and staff are caring and respectful and the dignity and comfort of terminally ill care recipients is maintained.

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 care recipients receive adequate nourishment and hydration including initial and ongoing assessments of care recipients’ needs and preferences. Care recipients have a choice of food from the four weekly dietician approved rotating menu. Meals are prepared on-site and nutrition supplements, modified cutlery, equipment and assistance with meals are provided as needed. The registered nurses identify any care recipient at risk of weight loss and malnutrition or excessive weight gain by monitoring regular weight records. Care recipients of concern are reviewed by the local medical officer and/or referred to a dietician. Observation confirmed the daily menu is displayed in the dining area. Hydration is carefully monitored and extra fluids provided in hot weather. Care recipients said they are very satisfied with the catering services provided and any concerns they may have are discussed at relevant meetings and with staff to ensure their needs are met.

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

Care recipients/representatives said they are satisfied with the way skin care is managed. The skin integrity of each care recipient is assessed when they move to the home and care recipients/representatives are involved in care planning to ensure any concerns relating to skin care are identified and met. Registered nurses provide wound care. Care plans are regularly reviewed by the healthcare team and appropriate referrals to specialist services are made. Changes to skin care are documented and communicated to care staff in a timely manner. Staff receive regular education in manual handling and this is closely monitored by the registered nurses. A hairdresser and podiatrist visit the home regularly. Massage, emollients, pressure reducing equipment and protective clothing are used to manage care recipients skin care. Staff practice is monitored to ensure care recipients daily skin needs are met.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients/representatives said continence is managed effectively at the home. Assessments are used to develop individualised programs in consultation with the care recipients/representatives and their health care team. Continence management plans are regularly reviewed by the registered nurses assisted by a team leader to ensure effective and appropriate care. Referrals to specialists are arranged as needed. Any changes in care and resource allocation are communicated to staff in a timely manner. The home has sufficient stock of continence aids in appropriate sizes to meet individual need and education in continence management is provided for staff and care recipients as needed. Staff practice is monitored by management to ensure care recipient’s privacy and dignity is maintained at all times.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed through consultation between the care recipients and their representatives, staff, medical officers and allied health professionals. Care recipients with challenging behaviours are referred to appropriate specialist services as required including psychogeriatric and behavioural specialists. Those living with dementia and those exhibiting challenging behaviours are encouraged to participate in specific activities to engage and calm. Staff were observed respectfully and patiently working with care recipients to ensure their individual needs were met.

The home’s environment is peaceful and care recipients are well groomed. Care recipients’ representatives said staff throughout the home manage care recipients displaying challenging behaviour appropriately and expressed satisfaction with behaviour management.

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

Care recipients/representatives are satisfied with the way optimum levels of mobility and dexterity are achieved at the home. Care recipients are assessed on entry by the occupational therapist and registered nurse for mobility levels. A daily exercise group is conducted by the recreational activities officer with input from the occupational therapist, to assist with general mobility, balance and range of movement. A more specialised program is conducted weekly by the occupational therapist. Care recipients are encouraged and assisted with exercise and walking programs by the physiotherapy aide who works at the direction of the occupational therapist. Interviews with staff and a review of documentation show assessments, care plans, and accidents/incidents including falls are reviewed. This ensures that optimal levels of mobility and dexterity are maintained and appropriate referrals are made. Staff are educated in manual handling and the use of mobility and transfer equipment. Assistive devices such as mobile walking frames, mechanical lifters and wheelchairs are available and maintained by maintenance staff.

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 care recipients’ oral and dental health is maintained. Care recipients’ dental needs are identified through assessment and consultation with the care recipient/representative on entry to the home and as their needs change. Appropriate dental care is planned and the care recipient’s medical officer is consulted for referrals if there is a

need for assessment or treatment by specialists, dentists or dental technicians. Ongoing dental care needs are identified through care recipients' feedback, staff observation of oral discomfort, or reluctance to eat with weight variances. Care recipients are encouraged to maintain their own oral and dental health with staff providing physical assistance and prompts where necessary. Care recipients/representatives said they are satisfied with the oral and dental care provided to care recipients.

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

Each care recipient's sensory loss is assessed using a variety of assessment strategies on entry to the home. Care plans are reviewed and any changes are communicated to staff.

Management monitors staff practice and staff are trained to report any change of sensory loss to the registered nurse for review. Visits are arranged to an optometrist or audiologist as required. Information from referrals is followed up and included in care planning in a timely manner. Touch, taste and smell are stimulated by recreational activities. Fresh cooked meals are prepared daily in the home and served in individual dining rooms. Care recipients have access to gardening activities. Craft activities such as painting and bingo encourage touch.

Planned outings for sightseeing and morning tea are undertaken to engage all senses. Fresh flowers were observed decorating the home. Therapy animals regularly visit the home. Care recipients/representatives said and observation confirmed the attention to care recipient's sensory loss is appreciated and well managed at the home.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Consultation with care recipients/representatives is undertaken to identify care recipients ability to achieve natural sleep patterns. Preferred routines for daytime rests, their patterns for settling at night and any concerns or changes that may interfere with natural sleep patterns are investigated with care recipients/representatives and their health care team. Pain management is considered if sleep patterns are disturbed, to ensure care recipients are comfortable and free as possible from pain. Care recipients are checked regularly throughout the night and those who cannot sleep are provided with warm drinks, snacks, assisted with toileting and repositioning and supported and reassured by the registered nurse and care staff.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- After seeing the benefits of pet therapy in another residential home, management asked the recreational activities officer to consider the possibility of pet therapy for Southern Cross Campbell Apartments. Following discussion with care recipients and representatives at resident meetings, pet therapy was introduced. Dogs now visit the home each Thursday to spend time with care recipients who choose to participate. The recreational activities officer commented on the care recipients’ positive response to the visiting dogs and advised due to the success of the activity it will continue as a regular weekly activity.
- In response to a care recipient request, interactive cooking classes are now held for care recipients. Once a month care recipients can participate in baking sessions where items such as scones, cupcakes and jaffles are prepared and eaten. Care recipients wear appropriate gloves and aprons to assist activities staff to prepare the food. Feedback to date indicates care recipients appreciate the opportunity to partake in the familiar task of cooking.

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 details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Three.

- The charter of residents’ rights and responsibilities is displayed in the home.
- The home has processes for managing mandatory reporting and maintaining appropriate records.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Examples of training and education sessions relating to Accreditation Standard Three include: mandatory reporting and protecting older people from abuse, privacy and confidentiality, grief and loss, cultural diversity, and cognitive activities for people living with dementia.

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

Southern Cross Campbell Apartments has systems to ensure each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. Assessment of the care recipient's social, cultural, spiritual and recreational interests is obtained soon after entry with representative consultation. This information assists staff to settle care recipients into the home. Visiting family and friends are welcomed, birthdays are celebrated and outings are arranged. Care recipients are encouraged to personalise their rooms to help create a homelike atmosphere. One to one visits are provided to care recipients by the recreational activities officer, especially those who tend to isolate themselves from group activities.

Pastoral care visits are offered for additional emotional support. Information regarding the care recipient/representatives level of satisfaction with the provision of emotional support is gained through feedback mechanisms. Care recipients/representatives are satisfied with the way they are assisted to adjust to life at the home and the ongoing emotional support they receive.

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

The home has systems to assist care recipients achieve maximum independence; maintain friendships and participation in the community. The home's environment provides opportunities for care recipients to exercise independence and choice on a daily basis.

Exercise and walking programs are held to assist with maintaining mobility. Leisure activities actively seek the involvement of care recipients and promote independence. Care recipients are encouraged to maintain independence and decision-making regarding personal hygiene, meal choice, voting in elections and attendance at activities. Families, friends, community visitors, social and religious groups regularly visit the home. Bus trips enable care recipients to visit the local community. Care recipients/representatives are satisfied care recipients are encouraged and assisted to maintain their independence and friendships.

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

Information on rights and responsibilities is included in orientation information for care recipients, their families and for staff and is displayed throughout the home. Staff are trained to

respect the privacy and dignity of care recipients and their families, and staff practice is monitored by management. Permission is sought from care recipients for the disclosure of personal or clinical information and the display of photographs. Staff sign a confidentiality agreement that outlines their responsibilities in maintaining care recipients' right to privacy. Staff knock on care recipient's doors prior to entering their room and use care recipient's preferred name. Electronic and hard copy care recipients information is stored and disposed of according to privacy legislation and computers are password protected. Staff have access to appropriate information to perform their roles. Care recipients/representatives and staff said that privacy, dignity and confidentiality are addressed in care planning and service delivery.

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

A varied lifestyle program which is developed in consultation with care recipients/representatives is presented at the home. The individual interests and preferred activities of care recipients are identified on entry and a care plan is developed. Information obtained from meetings and one to one discussions is used to plan suitable group and individual activities. The recreational activities officer provides an activity program five days a week. Monthly lifestyle calendars are on display in the home and are provided individually to care recipients. Programs include a range of activities based on individual assessed needs and capabilities of care recipients. These include physical exercise, bus trips, mental stimulation, general social interaction and special events, gardening activities and one to one time. A program is held for care recipients living with dementia but are included, under supervision, in the general program. Staff evaluate activities to identify levels of interest in the program and photographic records are kept of many activities. Care recipients stated they enjoy the activities program, particularly the bus outings, and while they are encouraged to participate their decision not to do so is respected.

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

Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered through care planning, education and service delivery. Management monitor staff practice and regularly consult with care recipients/representatives and their families to ensure appropriate cultural and spiritual care is provided. A Catholic mass is held weekly and everyone is welcome. Three care recipients are taken by family/representatives to their own churches on Sunday. Pastoral carers are always available in the home and will contact any ministers or spiritual visitors that care recipient's request. Religious and cultural days of significance are recognised and celebrated including Christmas, Easter and Anzac Day.

Care recipient's birthdays are celebrated with a birthday cake each month and wishes on the day if the care recipients gives permission for the date to be remembered. Care recipients/representatives said they are satisfied with the way the home values and supports individual interests, cultural and spiritual life.

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 demonstrates each care recipient participates in decisions about the services the home provides. Care recipients/representatives care recipients are able to exercise choice and control over lifestyle through consultation about their care recipients individual needs and preferences. Care recipients' personal preferences are identified through the assessment process on entering the home. There are mechanisms for care recipients/representatives to participate in decisions about services including access to management, care recipient/relative meetings and complaint mechanisms. Care recipients have choices available to them including waking and sleeping times, shower times, meals and activities. Care recipients are encouraged to personalise their rooms with memorabilia and items of their choosing. Care recipients/representatives are satisfied with the support of the home with regard to their choice and decision making processes.

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

All care recipients/representatives are provided with an information pack prior to coming to the home which outlines the rights and responsibilities of the care recipient. This includes a handbook for care recipients which give detailed information about all aspects of life at the home. These matters are discussed with the care recipient/representative prior to moving into the home. All care recipients are offered a residential care and accommodation agreement which outlines security of tenure, fees and charges, care and services, and complaints resolution processes. Care recipients/representatives are aware of care recipients' rights and are satisfied they are being upheld.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- Following feedback from representatives at a family and friends meeting, building security was reviewed. In response, management arranged for the main entry door to be remotely lockable. The nightly lock-up procedures ensure the front door is locked afterhours and on weekends. Visitors use the intercom to buzz staff who can then site the visitor, speak to them and remotely unlock the door allowing the visitor entry. Cameras have also been installed in various public places throughout the building allowing for increased monitoring. Management advised they have received positive feedback regarding the homes increased security.
- To improve the environment for care recipients living in the secure unit, windows in the dining room were removed and large double doors installed in their place. The doors open out onto a newly created garden containing a marked walking path, mock bus stop, and a gazebo providing seating and shade. Care recipients were observed utilising the new outdoor area.
- In attempt to create a welcoming foyer, speakers were installed and connected to the activity rooms CD player allowing quiet music to be played in the foyer. Due to the overwhelming amount of positive feedback from visitors and care recipients management arranged for a sound system to be installed throughout the buildings public areas. The system now allows for care staff to stream appropriate music into all public spaces. Volume levels and music choices can be adjusted on a room by room basis. Since the introduction of the sound system, staff have observed increased use of shared lounge rooms. Care recipients advise the music has created a calm and home like environment.

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 details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Four.

- The home maintains a food safety program.
- The home maintains the fire safety system and displays the current Fire Safety Statement.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Examples of training and education sessions relating to Accreditation Standard Three include: fire safety and evacuation, infection control, hand washing, manual handling, workplace health and safety, and food safety.

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 is actively working to provide a safe and comfortable environment consistent with care recipients’ care needs. All care recipients are accommodated in individual rooms with ensuite bathrooms. Care recipients are encouraged to personalise their rooms. There are a number of communal areas and lounge rooms as well as outdoor sitting areas which are readily accessible to care recipients. The living environment is clean, well-furnished and free of clutter. It is well lit and has a heating/cooling system to maintain a comfortable temperature. The home has a program of preventative and routine maintenance. The safety and comfort of

the living environment is monitored through care recipient/representative feedback, environmental audits, incident/accident reports, hazard reports, risk minimisation and observations by staff.

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 has a system to provide a safe working environment that meets regulatory requirements. The work health and safety within the home is overseen by a trained staff member and is supported by the services review committee which has representatives from all work areas. Staff are provided with information on work health and safety risks and processes during induction and annually. Equipment is available for use by staff to support safe work practice, minimise risks and assist with manual handling. There is a maintenance program to ensure the working environment and all equipment is safe. The home monitors the working environment and the work health and safety of staff through regular audits, risk and hazard assessments, incident and accident reporting and daily observations by the management and staff. Staff said they have access to adequate supplies of well-maintained equipment and receive training to support them in ensuring a safe working environment.

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 is a system to provide an environment and safe systems of work that minimise fire, security and emergency risks. Two trained fire safety officers oversee fire safety at the home and all staff take part in mandatory training in fire awareness and evacuation procedures.

As part of the home's safety system there are external contractual arrangements for the routine maintenance of the firefighting equipment and internal fire alarm system. Observation confirms firefighting equipment is inspected on a regular basis. Staff advised fire safety and evacuation procedures are included as part of the orientation sessions for new staff members as well as part of the mandatory education program. Staff members were able to provide a consistent response on the procedures to be followed in the event of a fire.

Security is maintained with electronic access, security lighting and lock-up procedures at night. Key information on a range of other emergency situations is located in a flip chart format near the telephones to provide staff members with a quick reference guide.

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. This includes policies and procedures including outbreak management procedures, audits, staff induction and education, and the use of personal protective equipment. Spills kit, sharps disposal containers, hand sanitiser dispensers and hand washing stations, contaminated waste disposal and adequate supplies of personal protective equipment were observed during the audit. Incidents of infection are documented and care recipients with infection propensity are monitored. There are two outbreak trolleys and processes for their use are in place. Staff are aware of infection control procedures. A food safety plan is used and the NSW food authority licence is current.

Laundry and cleaning systems comply with infection control practice and colour coded equipment is in use. Care recipients and staff are offered vaccinations yearly. A pest control program is in place.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home has systems to manage the hospitality services provided to care recipients in a way that enhances their quality of life and the staff's working environment. Information regarding care recipients' dietary needs and preferences is obtained on entry to the home and as changes occur. A food safety program is in place, which provides ongoing monitoring of food through the delivery, storage, cooking and serving processes. A four week rotating seasonal menu is formulated with a dietician at an organisational level. Management and staff informed us the menu is flexible to cater to individuals at the home. The home is cleaned regularly according to a schedule and we observed the cleanliness of the home. Personal clothing is laundered regularly according to a schedule and linen is laundered off site by a contractor. The hospitality services are monitored through audits, meetings and the feedback mechanisms of the home. Care recipients/representatives say they are satisfied with the hospitality services provided.