



Australian Government

Australian Aged Care Quality Agency

The Maronite Sisters of the Holy Family Village

RACS ID 2082
28 Marrickville Ave
MARRICKVILLE NSW 2204

Approved provider: The Trustees of the Maronite Sisters of The Holy Family

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 01 September 2018.

We made our decision on 20 July 2015.

The audit was conducted on 16 June 2015 to 18 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.

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



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Audit Report

The Maronite Sisters of the Holy Family Village 2082

Approved provider: The Trustees of the Maronite Sisters of The Holy Family

Introduction

This is the report of a re-accreditation audit from 16 June 2015 to 18 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 16 June 2015 to 18 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

Team leader:	Greg Foley
Team member/s:	Sindhu Summers

Approved provider details

Approved provider:	The Trustees of the Maronite Sisters of The Holy Family
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Details of home

Name of home:	The Maronite Sisters of the Holy Family Village
RACS ID:	2082

Total number of allocated places:	101
Number of care recipients during audit:	101
Number of care recipients receiving high care during audit:	99
Special needs catered for:	Culturally specific and dementia care

Street/PO Box:	28 Marrickville Ave
City/Town:	MARRICKVILLE
State:	NSW
Postcode:	2204
Phone number:	02 9558 2115
Facsimile:	02 9554 7858
E-mail address:	sr_elham@hotmail.com

Audit trail

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

Interviews

Category	Number
Director of Nursing/CEO	1
Assistant director of nursing	1
Deputy directors of nursing	2
Registered nurses	2
Care staff	12
Physiotherapist	1
Physiotherapy aid	1
Continence advisor	1
Residents/representatives	17
Diversional therapist	1
Recreational activities staff	4
Catering staff	3
Laundry staff	2
Cleaning staff	4
Maintenance staff	2

Sampled documents

Category	Number
Residents' clinical files	12
Medication charts	10
Personnel files	6
Service/supplier agreements	11

Other documents reviewed

The team also reviewed:

- Activity program, records and evaluations
- Allocation folders for assistants in nursing and resident hygiene and monitoring charts
- Approved supplier and contractor lists and performance evaluations

- Cleaning manual, schedule and records
- Clinical documentation including admission checklists, clinical risk assessments, assessments, care plan review list and ongoing screening, and treatment records
- Clinical indicators
- Comments and complaints records
- Communication books
- Consolidated register for mandatory reporting
- Continuous improvement plan
- Diversional therapy assessments, including spiritual and cultural needs, care plans and records
- Education program, records and resources
- Emergency procedures manual and resident emergency file
- Employee confidentiality agreements and code of conduct in employees handbook
- Fire safety inspection and maintenance records and annual fire safety statement
- Food safety program and records
- General practitioner folder,
- Handover sheets
- Handyman improvement log book, manual and cleaning schedule
- Accreditation self-assessment report
- Infection control documentation including guidelines, vaccinations records, hand washing competencies, infection surveillance data and analysis reports
- Job descriptions and duties statements
- Laundry manual and cleaning schedule
- Medication incident reports, nurse initiated medication list, scheduled drug registers, medication refrigerator temperature monitoring
- Meeting minutes
- Memos
- Menu and menu review
- Newsletters and other publications
- NSW Food Authority licence and audit

- Nutrition documentation including weight records, dietary preference sheets, dietician reviews and treatments and supplement list
- Orientation program and checklist
- Police certificate register
- Policies and procedures
- Preventative maintenance schedule and service records
- Quality improvement program including audits, surveys and benchmarking
- Record of professional registrations
- Resident accommodation agreement
- Resident information package and resident handbook
- Specialised nursing documents including progress notes, care plan reviews, behaviour monitoring, pain charts and evaluations, percutaneous endoscopic gastrostomy care (PEG), complex wound management, bowel management, catheter care, diabetic management, oxygen therapy, continence system and therapeutic massage
- Staff employment package and employee handbook
- Staff roster
- Stock and equipment inventory and order forms and usage records
- Strategic plan
- Summary care plans including manual handling instructions and personal care requirements
- Work health and safety statement, program and risk assessments
- Wound care program including assessment and treatment records, evaluations with photographic evidence, skin risk assessments and pressure area care

Observations

The team observed the following:

- Activity calendars displayed and activities in progress
- Call bell system and response by staff
- Charter of resident rights and responsibilities on display
- Cleaning in progress
- Complaints mechanisms notices, brochures, forms and suggestion boxes

- Dining environment during midday meal service including staff supervision and assistance, morning and afternoon tea
- Equipment and supply storage areas
- Fire safety equipment, signage and warning systems
- Infection control resources, equipment and signage
- Interactions between staff and residents
- Lifestyle resources and a 'quiet room' available
- Living environment – internal and external
- Medication round, storage of medications, expiry dates process, medication refrigerator contents and temperature monitoring system
- Noticeboards for residents and staff
- Notices advising residents, representatives and visitors of the re-accreditation audit
- Secure storage of residents' documents
- Short group observation
- Staff work areas
- Vision, Mission, values and philosophy on display

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 suggestion forms, regular meetings, feedback mechanisms, a program of audits and surveys, and analysis of monitoring data. 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 management team and staff are actively engaged in the process through participation in the monthly quality improvement meetings. Residents/representatives say management is responsive to suggestions and they are consulted and kept informed about improvements at the home.

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 increased care needs of residents, new equipment has been purchased. This includes new floor beds and falls mats for residents who are at high risk of falls. An extra lifter has also been purchased to cater for the increased demand on staff. These items have improved the safety for residents and staff.
- Management have replaced four casual care staff positions with permanent positions. This is to retain good staff by giving them security of employment. It has resulted in more consistent staffing and better continuity of care for residents.
- Following a review of documentation management identified the need to revise and update the forms used for collecting clinical information. The revised forms have been designed to capture more appropriate information. It has resulted in more comprehensive assessments and staff say the forms are clearer and easier to complete.

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 residents/representatives through residents’ 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.

- Police certificates are obtained for all staff.
- Contracts with external service providers confirm their responsibilities under relevant legislation, regulatory requirements and professional standards, and include police certificates for contractors visiting the home.
- There is a system for the secure storage, archiving and destruction of personal information in accordance with privacy legislation and regulations relating to residents’ records.
- Residents/representatives were informed of the re-accreditation site audit in accordance with the *Quality Agency Principles 2013*.

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 and there is a comprehensive orientation program for all new staff. There is an education program, including topics covering the four Accreditation Standards, which is developed with reference to surveys, residents’ needs, performance appraisals, regulatory requirements, staff input and management assessments. The program includes in-service training by senior staff, training by visiting trainers and suppliers, self-directed learning, and access to external training, courses and workshops. Records of

attendance at training are maintained and the effectiveness of the training is monitored through performance appraisals, questionnaires, and competency assessments.

Management and staff interviewed report they are supported to attend relevant internal and external education and training. Residents/representatives interviewed say staff have the skills and knowledge to perform their roles effectively.

Education and training relating to Accreditation Standard One included such topics as: the vision, mission and values of the home; code of conduct; comments and complaints mechanisms; accreditation awareness; team building; communication systems; and industry conferences.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents/representatives are informed of internal and external complaint mechanisms through the resident handbook, discussion during orientation to the home, notices and at residents' meetings. Forms for comments and complaints are available in the home and brochures about an external complaint mechanism are also available. Management maintains a log of all comments and complaints and we noted issues raised are addressed in a timely manner to the satisfaction of complainants. Residents/representatives can also raise concerns and identify opportunities for improvement through resident meetings, satisfaction surveys and informally. Residents/representatives say they are aware of how to make a comment or complaint and feel confident concerns are addressed appropriately.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The vision, mission, values and philosophy are well documented and on display in the home. They are also available to all residents/representatives, staff and other stakeholders in a variety of documents used in the home. Vision, mission and values are included in the orientation program to ensure staff are fully aware of their responsibility to uphold the rights of residents and the home's objectives and commitment to quality. Feedback from residents/representatives and staff and observations of staff interaction with residents demonstrated the mission and values of the home underpin the care provided to the residents.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management has systems to ensure there are appropriately skilled and qualified staff to meet the needs of the residents. 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 residents' needs, a range of clinical monitoring data and feedback from staff and residents/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 staff 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 residents' needs. Residents/representatives report 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, maintain equipment in safe working order and replace equipment. The home uses a list of approved suppliers and enters into service agreements to guarantee the availability of stocks of appropriate goods and equipment for quality service delivery. Staff are able to make requests for goods and equipment as needed and the ordering process is overseen by management. Maintenance records show equipment is serviced in accordance with a regular schedule and reactive work is completed in a timely manner. The system is monitored through regular audits, evaluations, surveys, meetings and the feedback mechanisms of the home. We observed adequate supplies of goods and equipment available for the provision of care, to support residents' lifestyle choices and for all hospitality services. Staff confirm they have sufficient stocks of appropriate goods and equipment to care for residents and are aware of procedures to obtain additional supplies when needed.

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 residents/representatives well informed. Assessments and clinical care notes, which are regularly reviewed, provide the necessary information for effective care. Electronic records are password protected and regularly backed up. Policy and procedure manuals and job descriptions clearly outline correct work practices and responsibilities for staff. Residents/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 residents/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. Service agreements are entered into with contractors for the provision of services and all 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 by contractors and there is a list of approved service providers who are used on a needs basis. Residents are able to access external services such as hairdressing, podiatry and other allied health professionals. The services provided are monitored through regular evaluations, audits and the feedback mechanisms of the home and there is a system for managing non-conformance of service providers. Residents/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.

- Following feedback from residents/representatives regarding pressure area care management reviewed the pressure area care policy and procedures. It was decided to set out the procedures for pressure area care in a more accessible format for staff. A pressure area care protocol was created and made available in the nurses' station. Education on the protocol was also provided. Staff say it is easier to use and the information is set out more clearly.
- Management identified the need to have more specific instructions from residents/representatives regarding the end of life wishes of residents. New advanced care directives were introduced along with case conferences to formally discuss these matters. The new directives set out clear instructions with regard to resuscitation, transfer to hospital and palliative care. These matters are discussed with residents/representatives at a case conference and the document is signed. The new process has resulted in families being more involved in the care planning process and the wishes of residents/representatives being clearly identified and recorded. Management said the residents/representatives are happy with the new process.
- There are a number of residents at the home who are at a high risk of falls. To help staff easily identify them a new alert system was introduced. A discrete symbol has been placed above the beds of those residents who are at risk of falls. While the initiative has not yet been formally evaluated management say that it makes staff more aware of the residents' needs.

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.

- A record is kept of the current registration of registered nurses and other health care professionals.
- Medications are administered safely and correctly in accordance with current regulations and guidelines.
- Government and industry body resources are available to management and staff on topics relating to health and personal care.
- The home meets the requirements in relation to the *Quality of Care Principles 2014* for the provision of care and specified services for residents. Residents are advised of scheduled services in the residents’ agreements and handbook.

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.

Education and training relating to Accreditation Standard Two included such topics as: wound care, dementia care, pain management, falls prevention, diabetes, skin integrity, pressure area care, continence management, depression and mental health, medication management, palliative care, and clinical records and documentation.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The Maronite Sisters of the Holy Family Village has effective systems and processes to ensure residents receive quality clinical care. The assessment information, collected on entry to the home, informs the interim care plan; assessments are undertaken in response to identified clinical needs and care plans are developed by the registered nurses. The care plans are reviewed three monthly or in response to changing care needs. Case conferences, inclusive of the multidisciplinary team and the resident and their representative, are conducted as required. Staff are kept informed of changes to care and treatments through communication books and a handover process at the commencement of each shift. Policy and procedures are available to guide care delivery, and clinical care is monitored through a clinical indicator program. Medical officers are readily available and informed of any changes to residents’ health status. Clinical staff demonstrate the necessary knowledge and skills to provide a high quality clinical care. Residents and representatives advised us they are very satisfied that the care residents received is appropriate to their needs.

2.5 Specialised nursing care needs

This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

The home has operational systems and processes to ensure the specialised nursing care needs of residents are identified and appropriately delivered. Specialised nursing care is assessed, regularly reviewed, and documented by the registered nurses in consultation with other health professionals. During this process special emphasis is placed upon enablement of the resident and family based support. A range of specialised nursing care needs and procedures are managed effectively at the home including: complex wound management, pain management, percutaneous endoscopic gastrostomy care (PEG), oxygen therapy, catheter care and diabetic management. Advice from specialist nurses regarding complex clinical matters can be accessed through the aged and chronic care triage services, a wound management clinical nurse consultant and the palliative care team. Clinical staff have access to relevant policies and procedures. Residents, representatives and staff confirm that specialised nursing care needs are assessed and managed by appropriately qualified nursing staff.

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 ensures referral to relevant health specialists are made as necessary, including residents’ choice of medical practitioner and specialist medical, dental and allied health

services. Registered nurses oversee specialist and allied health referrals, and follow up after appointments to ensure changes in care are implemented and care plans updated. A physiotherapist visits the home weekly to assess and plan treatment for residents, review those residents who have experienced a fall or a change in their health status and to provide staff education. A range of other services are offered that includes dental, podiatry, speech therapy, pathology, dietary and psychogeriatric services. Staff interviews and documentation confirm that residents' needs are assessed and they are referred to other health services as clinically indicated. Residents and representatives are satisfied with residents' access to allied health services and medical specialists.

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 supply, storage, administration, and monitoring of medications, including controlled drugs, are managed effectively at the home in accordance with policy and legislative requirements. A dose administration system is employed whereby medication is pre-packed by the pharmacist, or supplied in their original packaging, and administered by registered nurses. We observed medication administration where residents were properly identified, medicines administered as prescribed and the ingestion of medicines monitored. General practitioners review residents' medications regularly and their medication management regimes are also evaluated annually by a clinical review pharmacist. Policies are available to guide staff practice and medication management processes are monitored through internal audit and data analysis systems. Clinical indicators are reviewed regularly by the home's quality improvement committee and further monitored by the multidisciplinary medication advisory committee. Residents and representatives confirm they are satisfied with the home's management of medication.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure residents' pain management needs are regularly assessed, monitored, reviewed and documented. Initial and ongoing pain assessments, which inform the care plan, are undertaken on entry to the home, and then conducted at least every six months or in response to changing care needs. Linkages are made between pain and the behavioural and psychological symptoms of dementia (BPSD), sleep problems, mobility and quality of life. A multi-disciplinary approach to pain management includes the general practitioners, the registered nurses and the physiotherapist. A range of pharmacological and non-pharmacological pain management strategies are employed including analgesic medications, positional change, massage, relaxation and individually tailored exercise programs. The assistants in nursing demonstrate an ability to recognise and report pain, including instances of nonverbal and behavioural signs of pain among residents with communication and cognitive deficits. Residents and representatives confirm that staff regularly monitor resident comfort to ensure they are as free as possible from 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

Systems and processes are available within the home to ensure that the comfort and dignity of terminally ill residents is maintained. Residents’ individualised needs are identified during assessment, care planning and review, and undertaken in partnership with them and their representatives. End of life wishes, as part of the advance care planning process are respected. The home can access external palliative care support through visiting general practitioners, the palliative care team and the multidisciplinary team. Appropriate analgesia, as well as other pain relief and symptom management measures are available to optimise comfort and reduce distress. The environment provides quiet areas, and facilities are available at the home to enable family members to stay onsite during the terminal phase.

Residents are supported to express their unique spirituality in a compassionate environment through a respectful approach to significant spiritual and cultural practices. Residents and representatives advised us the home maintains residents’ comfort and dignity, and provides empathetic support throughout the palliative phase.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents and their representatives report they are satisfied with the home’s approach to meeting nutrition and hydration needs. Initial and ongoing assessment of dietary requirements is undertaken in response to personal choice and changing needs. The care plan is developed, regularly monitored and evaluated. Residents’ weight is checked monthly, out of range weights identified in a timely manner and appropriate interventions implemented and reviewed. This may include the commencement of nutritional supplements and/or referral to the resident’s medical officer, the dietician or the speech pathologist. Resident and representative interviews, and a review of the documentation, show a number of residents whose general wellbeing has greatly improved in response to dietary and nutritional interventions. Staff report that special dietary needs are catered for appropriately including diabetic diets and nutritional supplements. This is supported by communication between the clinical, care and catering staff to ensure food allergies and current dietary needs are understood.

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 and processes to ensure residents’ skin integrity is maintained in a manner consistent with their current health status. Skin care requirements are assessed, planned, monitored and evaluated on entry to the home by the registered nurses, and on an ongoing basis. This process includes consultation with the resident, representative, care staff, general practitioner and physiotherapist. Preventive measures utilised include the application of moisturisers, repositioning, skin protective aids, specialised equipment (mattresses and chairs) and supplements to promote healing. Wound care is managed by the registered nurses through a structured system that includes photographic evidence. The quality improvement system monitors accidents and incidents, including wound infections and skin tears, and acts appropriately on identified issues. Residents and representatives interviewed are satisfied with the care provided in relation to skin integrity.

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 monitors and effectively manages residents’ continence through structured systems and processes. Continence is assessed on entry to the home in consultation with the resident or their representative. Care strategies are formulated, planned, implemented, and ongoing needs monitored. Where appropriate a toileting program is implemented; additional and modified fluids and dietary changes are considered as necessary. A disposable continence aid system is available for residents with intractable incontinence. Observation and staff feedback confirm there are adequate supplies of continence aids.

Residents with identified bowel dysfunction are assisted to maintain optimal bowel care through individually designed management regimes; these are monitored to ensure the effectiveness of planned interventions. Residents and representatives expressed satisfaction with the way residents’ continence is managed.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has effective strategies to assist with the behavioural and psychological symptoms of dementia (BPSD). Behaviour assessments are conducted in consultation with residents and other health professionals as required. Care plans are generated from the assessment information and include reference to individual triggers for unmet needs such as pain or discomfort. A review of the documentation showed that acute confusional states, such as

delirium in residents with dementia, is appropriately screened for and the resident referred promptly for medical assessment and treatment as required. Staff interviews, and observation of staff/resident interaction, show a gentle approach by staff where they monitor resident comfort and are familiar with measures to reduce distress. The home was noted to be generally peaceful with staff actively reducing competing noise when residents were unsettled and using other individualised psychosocial strategies. The dementia behaviour management services (DBMAS) support the home through short term clinical supervision and advice regarding appropriate strategies to assist with changed behaviours. Residents and representatives are satisfied that behaviours of concern are addressed by staff in a manner that enhances the residents' quality of life.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Residents and representatives are satisfied that the residents' levels of mobility and dexterity are optimised. New residents are screened for falls risk on entry to the home by the registered nurses and further assessed by the physiotherapist. A physiotherapy management plan is developed in consultation with the resident and representative, and individualised strategies implemented by the physiotherapy assistant and monitored by the physiotherapist. These include the use of a range of therapies, mobility and protective aids where appropriate, and manual handling guidance for staff. Central to the program are individually prescribed exercise therapy programs and a falls prevention focus. An accident and incident reporting system includes the collation of falls data and analysis of trends, leading to appropriate mitigation strategies to reduce falls risk. Manual handling equipment is available to staff, including a manual handling competency process and a training program on the safe, appropriate use of equipment that maintains the dignity of the resident.

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

There is a system of initial and ongoing assessment, management and evaluation of residents' oral status to ensure their dental health is maintained. Their dental history, preferences related to the management of their teeth and dentures, as well as other oral and dental care needs, are identified on entry to the home. Referrals to private dentists and dental technicians are arranged as necessary and the home is visited annually by a dentist from the Sydney Dental Hospital. Residents' individual care plans outline their required day- to-day oral care which is undertaken by the assistants in nursing. Appropriate resources are available including specialised dental care supplies for identified residents and those who are palliating. The home has policies and procedures to assist staff maintain their oral and dental health. Residents and representatives say they are satisfied with the 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 and processes to assess, plan, monitor and evaluate residents’ sensory losses to ensure they are identified and managed effectively. Residents’ means of perception such as sound, sight, touch, smell and taste are assessed by medical, allied health and registered nursing staff as appropriate. Assistants in nursing assist with the maintenance of visual and auditory aids, and Hearing Australia check and maintain hearing aids as required. Residents who require assistance related to sensory deficits, such as the cleaning and fitting of glasses or hearing devices, have management strategies documented in their plans of care. Assessment by an optometrist or speech therapist is arranged when necessary and referrals to other specialist health providers are facilitated as required.

Residents and representatives are satisfied that the residents’ sensory needs are managed effectively.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

There are systems to ensure residents are able to achieve natural sleep patterns through initial and ongoing identification of night care requirements. Sleep assessments are undertaken and treatment strategies planned and implemented with ongoing monitoring and review. Care planning includes reference to the residents’ preferred sleeping times and any pre-existing patterns. Care plans are individualised to ensure they reflect personal needs and preferences. Non-pharmacological approaches to optimise restful sleep are employed which include sleep-promoting techniques such as caffeine free suppers, temperature control and light minimisation. Visiting hours close in the early evening to assist with the creation of a restful environment through reduced noise levels. Residents and representatives confirm the residents are assisted to achieve natural sleep patterns where possible.

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.

- Management purchased a new bus for resident outings. This replaced a minibus and provides extra seating capacity and greater access for wheelchairs. This has resulted in more residents being able to participate in the outings and the outings being available to more residents who are confined to wheelchairs. The bus trips are a regular feature on the activities calendar and are very popular with the residents.
- At the suggestion of the activities officers a monthly picnic day was introduced to the activities calendar in 2014. This provides an opportunity for residents to go out and enjoy an outdoor setting. It is very popular with the residents and is an on-going feature on the calendar.
- Activities staff identified residents needed more than the monthly calendar to be informed about the activities on offer. In response an activity board was introduced to display the activities of the day and special events. It also displays the menu for the day. This has resulted in residents being more aware of what is happening in the day and encourages more participation.

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.

- Information is provided to residents/representatives in the resident handbook and the resident accommodation agreement regarding residents’ rights and responsibilities including security of tenure and the care and services to be provided to them.
- The Charter of residents’ rights and responsibilities is included in the resident handbook and displayed in the home.
- Staff are trained in residents’ rights and responsibilities in their orientation program. They also sign a confidentiality agreement to ensure residents’ rights to privacy and confidentiality are respected.
- The home has a policy and procedures for the mandatory reporting of alleged and suspected assaults and maintains a register of these incidents.
- Training has been provided for staff on the mandatory reporting of elder abuse.

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.

Education and training relating to Accreditation Standard Three included such topics as: residents’ rights, cultural and spiritual life, compulsory training on mandatory reporting of elder abuse; and privacy and confidentiality.

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 said they feel supported by the staff, both when the resident first entered the home to adjust to life in the new environment and on an ongoing basis.

Pre-entry information is provided to ensure a smooth transition to residential care, and there is ongoing emotional support throughout the care assessment process. During the entry period, the new resident is introduced to staff and other people living within the home, as well as provided with an orientation to the environment. This initial period is enhanced by social profiling and assessment of each resident's health, care, social, cultural and spiritual needs to gain a holistic understanding of their individual requirements and wishes. Visiting hours are open during the day and residents are encouraged where possible to participate in outings, maintain existing social connections and develop relationships with others within the home. This is further enhanced by a supportive and warm culture within 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

Management and staff assist residents to remain as independent as possible and to maintain their community contacts. Clinical assessments and care plans identify the resident's level of independence and the amount of support they require on a daily basis to participate in life at the home and in the community. The physiotherapy program, exercise sessions and activities such as craft promote independence through the maintenance of movement, strength, balance and dexterity. There are opportunities for residents to participate in life within the home as well as the wider community through the continuation of existing external activities, visiting entertainers, bus trips and leisure activities. The home welcomes visits from family, and residents have access to private indoor areas and outdoor courtyards and gardens where they can entertain guests. Residents and their representatives expressed satisfaction that residents are assisted to achieve maximum independence maintain friendships and participate in life within and outside the home.

3.6 Privacy and dignity

This expected outcome requires that "each care recipient's right to privacy, dignity and confidentiality is recognised and respected".

Team's findings

The home meets this expected outcome

Residents are supported to retain their right to privacy and dignity with policies to guide staff in this process. Information regarding their rights and responsibilities is on display and also given

to each resident on entry to the home. Observation of staff practices show these are consistent with the home's privacy and dignity related policies and procedures. Staff were observed considering residents' privacy by knocking on doors before entering and residents said the staff generally care for them in a respectful manner. Staff address residents by their preferred names and shift handover reports occur in a manner that ensures privacy of information. Policies and procedures, handbooks and education programs provide information for staff regarding residents' rights to privacy and confidentiality. Staff also sign an employee confidentiality agreement prior to the commencement of employment.

Interviews with residents and representatives as well as observations demonstrate that privacy, dignity and confidentiality are 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 Maronite Sisters of the Holy Family Village offer and support residents to participate in a range of activities and social opportunities. Their preferences in relation to lifestyle are assessed through a social profiling process and individualised therapy and leisure plans are aligned to the residents' cognitive and functional abilities, areas of interest and cultural and spiritual choices. The home's activity calendars are displayed on communiqué boards within the home and the program is announced daily through the home's public address system.

The opportunity is also available for residents to evaluate the programs regarding their continuation and frequency. The activity program reflects the preferences and interests of residents through music, beautician services, a home library service, card games and pizza days. Residents have also been involved in knitting for charity and enjoy visits from the Lebanese Association and local schoolchildren. Regular bus outings assist residents to maintain ties with their local community. Residents in the secure part of the village are offered tailored programs including afternoon activities to settle residents who are restless. Some of the residents are actively involved in the development and running of the home's lifestyle program and there is a genuine sense of community within the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems which are responsive to cultural diversity and ensure that the residents' cultural and spiritual interests are valued and fostered. Individual interests, customs, beliefs and cultural backgrounds, as well as spiritual needs, are gathered from residents and their representatives to assist the design of individualised care plans. Activities reflect the relevant cultural preferences and provision is made for the celebration of culturally and spiritually significant events where friends and family are encouraged to participate.

These include Christmas, Easter and celebration days for Christian Saints, ANZAC Day, St Patricks Day, Australia Day and Melbourne Cup celebrations. The multicultural backgrounds of

staff enable communication with residents in various languages and cue sheets are available to assist staff communicate with residents who speak languages other than English. An interpreter service is also available as required. Residents are actively encouraged and supported to maintain spiritual links within the community by hosting regular religious services such as Maronite Catholic, Melkite Catholic, Coptic and Roman Catholic. Anglican, Orthodox Christian and other religious support can be sourced upon request.

Residents and representatives were very appreciative that their cultural and spiritual needs are recognised and supported.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the 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 aware of, and supported in exercising, their individual right to freedom of choice and are encouraged to make decisions about their care delivery and lifestyle.

Whenever possible, residents make choices about their daily routines such as outings, meal preferences, cultural and spiritual choices and lifestyle options. Residents are encouraged to personalise their room with memorabilia from their life and wall decorations. They are also kept informed and given opportunities to provide input into their care and services through systems such as case conferences, bi-annual resident meetings and separate family meetings, case conferences, surveys and comments and complaints mechanisms.

Authorised representatives are identified to make decisions on behalf of those residents unable to act for themselves. The feedback from residents and representatives indicates they are able to express views about the provision of care and services and their comments will be considered.

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 residents/representatives are provided with an information pack prior to coming to the home which outlines the rights and responsibilities of the resident. This includes a resident handbook which gives detailed information about all aspects of life at the home. These matters are discussed with the resident/representative prior to moving into the home. The home's vision, mission, values and the charter of residents' rights and responsibilities are included in the admission pack and resident handbook and are clearly displayed in the home. All residents/representatives are offered an agreement on entry to the home. The resident accommodation agreement includes information for residents about their rights and responsibilities, complaints handling, fees and charges, care and services provided and their security of tenure. Residents/representatives are aware of residents' 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.

- In addition to the hand washing facilities throughout the home hand sanitizers have been installed. Hand moisturiser dispensers have also been installed. They provide greater access to staff and visitors to hand sanitizing and the moisturizer assists staff with their own skin care as they are washing their hands constantly throughout the day. This has resulted in improved infection control, more efficient work practice and improved workplace health for staff.
- Feedback from staff identified the need for clarity with regard to responsibilities for cleaning the pan room. After consulting the staff a cleaning schedule was introduced. It clearly allocates responsibilities and provides a fair distribution of the work. Staff are satisfied they know what is expected of them and the responsibilities are being attended.
- Following an external audit of the infection control system the need for separate specimen refrigerators was identified. Two new specimen refrigerators were purchased resulting in improved infection control at the home.

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.

- Fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations, staff have fulfilled the mandatory fire awareness and evacuation training and the annual fire safety statement is on display in the home.
- The home is fitted with a fire sprinkler system as required by NSW State Environmental Planning Policy 2012.
- The home has a NSW Food Authority licence as required by the Vulnerable Persons Food Safety Scheme and the home has a food safety program.
- Thermostatic valves and electrical equipment is being inspected, tested and maintained in accordance with work health and safety regulations.
- Safety data sheets (SDS) are displayed adjacent to the chemicals to which they refer.
- Management engaged a consultant to review the home’s work health and safety management system to ensure it is in line with the *Work Health and Safety Act 2011*.

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.

Education and training relating to Accreditation Standard Four included such topics as: mandatory training in fire safety and evacuation, infection control, manual handling; training in safe chemical handling by the chemical supplier, use of spill kits and outbreak kits, food safety, safe use of equipment, workplace health and safety, first aid, and incident and hazard reporting.

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 residents' care needs. It is located in two separate buildings and includes a secure area for residents living with dementia. Residents are accommodated in shared and single rooms with ensuite bathrooms and residents have personalised their own space. There are a number of communal areas and lounge rooms as well as a courtyard and garden areas. The living environment is clean, well furnished and well lit. It is free of clutter and is maintained at a comfortable temperature. The buildings and grounds are well maintained with a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through environmental inspections, resident/representative feedback, incident/accident reports, audits and observation by staff. Residents/representatives say they are satisfied with the safety and comfort of the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management has a system to provide a safe working environment that meets regulatory requirements. Work health and safety is overseen by the management team and staff are actively engaged in the process through participation in the monthly quality improvement meetings. All staff are trained in manual handling, work health and safety and fire awareness and evacuation procedures during their orientation and on an on-going basis. 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 are 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. The staff show they have a knowledge and understanding of safe work practices and were observed carrying them out.

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. Trained fire safety officers oversee fire safety at the home and all staff take part in mandatory training in fire awareness and evacuation procedures. The home is fitted with appropriate firefighting equipment and warning systems and external

contractor records and equipment tagging confirms the fire safety systems are regularly inspected and maintained. The current annual fire safety statement is on display and there are emergency procedures in place in case of the need for evacuation. Security is maintained with a surveillance system, security lighting and lock-up procedure at night. The systems to minimise fire, security and emergency risks are monitored through internal audits, external inspections and at staff and management meetings. Staff indicate they know what to do in the event of an emergency and residents say they feel safe 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, including infection control policies, practices and guidelines. The home's infection control program is overseen through the quality improvement system. The program includes the use of standard precautions, food safety procedures, cleaning systems, management of contaminated waste, pest management and appropriate linen handling. The program also includes outbreak management and regular and appropriate use of personal protective equipment. Staff and residents have access to an immunisation program. Education on infection control procedures has been conducted and staff interviewed indicate they are aware of their relevant responsibilities. Clinical indicator data is used to monitor infections rates on a monthly basis. An external infection control advisory service undertakes periodic infection control audits of the home's program, showing evidence of a high level of compliance and continually improving systems.

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 hospitality services provided are meeting the needs of the residents and are enhancing their quality of life. All meals are cooked fresh on site and choice and variety is provided through use of a four week rotating menu. The menu has been prepared in consultation with residents/representatives and had been assessed by a dietician. It caters for special diets and for the individual needs and preferences of residents. The home is cleaned by full time contract cleaners. The cleaning is carried out according to a schedule and the quality of the cleaning is monitored by the management and staff of the home and the contractor supervisor. Personal clothing and linen is laundered at the home seven days a week. The hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home. Residents/representatives say they are satisfied with the hospitality services provided.