



Australian Government

Australian Aged Care Quality Agency

The Whiddon Group - Belmont

RACS ID 0219
10 Gibson Street
BELMONT NSW 2280

Approved provider: The Frank Whiddon Masonic Homes of New South Wales

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 05 October 2018.

We made our decision on 14 August 2015.

The audit was conducted on 14 July 2015 to 15 July 2015. The assessment team's report is attached.

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

The Whiddon Group - Belmont

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 Whiddon Group - Belmont 0219

Approved provider: The Frank Whiddon Masonic Homes of New South Wales

Introduction

This is the report of a re-accreditation audit from 14 July 2015 to 15 July 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 14 July 2015 to 15 July 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:	Helen Ledwidge
Team member:	Judith Charlesworth

Approved provider details

Approved provider:	The Frank Whiddon Masonic Homes of New South Wales
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Details of home

Name of home:	The Whiddon Group - Belmont
RACS ID:	0219

Total number of allocated places:	53
Number of care recipients during audit:	53
Number of care recipients receiving high care during audit:	8
Special needs catered for:	20 place unit for care recipients diagnosed with dementia/cognitive impairment

Street/PO Box:	10 Gibson Street
City/Town:	BELMONT
State:	NSW
Postcode:	2280
Phone number:	02 4041 9300
Facsimile:	02 4945 0526
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
General manager clinical risk	1
Director of care services	1
Deputy director of care services	1
Registered nurse	1
Care staff	7
Medical practitioner	1
Physiotherapist	1
Administrative assistant	1
Care recipients/representatives	10
Activities team leader and staff	2
Art therapist	1
Food and beverage manager	1
Catering staff	2
Laundry/cleaning staff	1
Facility operations manager	1
Maintenance manager	1

Sampled documents

Category	Number
Care recipients' files	7
Incidents	8
External contractor agreements	2
Care recipient agreements	2
Medication charts	10
Personnel files	4
Privacy and confidentiality agreements	4

Other documents reviewed

The team also reviewed:

- Activities program, participation and evaluation records, individual assessments and care plans
- Audit data, benchmark indicator summary program
- Catering, cleaning and laundry: menu with choices, kitchen diet information, NSW Food Authority audit, meals and drinks lists, food safety program, food and equipment cleaning schedules, food and equipment temperature logs, kitchen whiteboard with allergies and special needs records
- Cleaning request book, duty statements
- Clinical care catch-up log
- Clinical care documentation
- Communication books and handover sheets
- Complaints and compliments register and forms, client feedback flowchart, satisfaction survey results
- Continuous improvement plan, 'I have an idea' suggestion forms
- Education and staff development calendar, staff competencies, signed education attendance records
- Fire equipment log books, annual fire safety statement, emergency manual, fire equipment orientation record
- Human resource management policies, position descriptions and duties guides, performance appraisals, base and working rosters, professional registrations, staff handbook, orientation checklist, orientation pack and workbook
- Infection control data collection and collation, pest control records, evidence of care recipient vaccination, outbreak management documentation, equipment temperature records
- Information systems: policies, flowcharts, work instructions, newsletters, meeting minutes, memoranda, accident/incident records, client information compendium including handbook
- Inventory and equipment register, contractor agreements and certificates of currency, maintenance contractor folder
- Living environment: maintenance records, thermostatic mixing valve records, warm water checks, legionella test reports, preventative maintenance schedule, maintenance logs
- Medication administration, monitoring, disposal and storage documentation
- Physiotherapy documentation

- Quality and risk management framework, organisational chart
- Recruitment policies and procedures
- Regulatory compliance: reaccreditation self-assessment, consolidated compulsory reporting register, police certificate matrix, NSW Food Authority license, government alert notification folder
- Safety data sheets, risk assessments, hazard alert forms, incident reports, workplace inspections

Observations

The team observed the following:

- Activity program displayed; care recipients participating in activities
- Archive storage
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Care recipient call bell system
- Charter of residents' rights and responsibilities on display in the home
- Clinical handover meeting
- Dining environment during lunch and beverage services
- Equipment storage and supplies
- Fire monitoring and firefighting equipment and signage, evacuation documentation, emergency flip charts, emergency management and procedures manual
- Infection control manual and signage, annual infection control audit program, annual infection control reporting criteria and reports, personal protective equipment, outbreak and spills kits, infectious waste bin, sharps disposal containers, hand-washing facilities, colour coded equipment, hand gel available and in use
- Interactions between staff and care recipients
- Internal and external complaints forms and advocacy information on display, secure feedback boxes for lodgement
- Living environment – internal and external
- Manual handling and mobility equipment in use and in storage
- Medication management including storage, medication round, medication trolleys and medication refrigerators
- Menu displayed
- Mission, vision and philosophies displayed

- Notice boards for staff and care recipients, information brochures on display for care recipients, visitors and staff
- Password protected computers, computer back-up systems
- Safety signage, evacuation kit and staff safe work practices
- Secure storage of confidential care recipient information
- Small group observation
- Visitor and contractor register and security measures
- Wound care meeting

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The Whiddon Group Belmont has an overarching organisational system which enables it to actively pursue continuous improvement and monitor its performance against the Accreditation Standards. The identification of areas for improvement occurs through meetings, audits, comments and complaints, reporting of incidents and accidents, clinical data and verbal feedback. Strategies are developed and monitored to ensure satisfactory outcomes are achieved. Staff are aware of the systems for continuous improvement and confirm they are involved in continuous improvement activities. Interviews with care recipients/representatives and staff confirm feedback has resulted in improvements for care recipients.

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

- Management identified staff duty lists were regimented and inconsistent. As a result all position descriptions and duty lists have been reviewed. The revised duty lists have been trialled and adjusted in consultation with staff. Staff said the new duty lists are more flexible and allow for improved client centred care.
- Following feedback that the care recipient handbook was large and difficult to read, the handbook has undergone review. A new care recipient compendium has been developed. The new information handbook is colourful and easy to read, and contained in an embossed binder, which allows for pages to be added/changed without the need to reprint the entire handbook. The new care recipient handbook has been delivered to all current care recipients, as well as being presented to new care recipients. Feedback has been positive.

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 organisation has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation’s senior management monitors legislation, regulations and guidelines and updates and issues policies in response to changes. The home's management team monitor the home's implementation of regulatory changes and adherence to regulatory requirements through audit processes and observation of staff practice. Communication to staff about changes in policy and procedure occurs through meetings, memoranda and staff education programs.

Examples of compliance with regulatory requirements specific to Accreditation Standard One

- Management systems, staffing and organisational development include:

- Systems and processes are in place to ensure all staff, allied health professionals and volunteers have current police certificates.
- The provision of information to care recipients and stakeholders about internal and external complaint mechanisms.
- Notification of the re-accreditation audit to care recipients and their representatives occurred via notices in the home and letters.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

There are comprehensive processes to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Review of documentation and interviews with management and staff demonstrate training needs are identified. Compulsory education days, planned training opportunities and competency testing ensure staff have the necessary knowledge and skills to meet the needs of the care recipients in their care. Guest speakers, qualified staff, and external education opportunities are used to ensure a variety of training is provided. There is a recruitment procedure and orientation process for new staff.

All staff interviewed reported they have access to education on a regular basis. Review of education documentation and interviews confirmed education has been provided in relation to Accreditation Standard One - Management systems, staffing and organisational development. Examples include:

- Management conference – changes in legislation
- Electronic documentation update
- ACFI – Strategic planning
- Regulatory changes and risk management appropriate to complaints management

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

There are internal and external mechanisms for care recipients, representatives and other interested parties to provide feedback about comments and complaints. External and internal complaints information is accessible to care recipients and visitors. There are secure feedback boxes for confidential lodgement of feedback forms. Interviews and the review of meeting minutes confirm meetings provide a forum for comments, suggestions and complaints to be raised. Care recipients, their representatives and staff interviewed are aware of the home's feedback system and expressed satisfaction with the resolution of any concern they raised. Care recipients/representatives state they prefer to speak directly with management and staff or raise issues at meetings as they find these avenues result in satisfactory 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 organisation's mission, values and philosophies are documented and the commitment to quality is expressed through the statements. Observations and document review demonstrate the organisation's mission, values and philosophies are available to all stakeholders in printed format and are displayed in the home. Interviews with care recipients/representatives and our observations showed management and staff model behaviours consistent with the organisation's mission, values and philosophies.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are systems and processes for the provision of appropriately skilled and qualified staff, sufficient to provide services in accordance with the Accreditation Standards and the organisation's mission and values. The home has processes for recruitment, orientation and ensuring staff are eligible to work in aged care. Rostering processes ensure shifts are filled with suitably qualified staff. Management report they adjust staffing levels based upon the care needs of care recipients, clinical data and staff and care recipient feedback. Staff are encouraged to pursue further education through in-house and external training opportunities. Staff state they are confident they have the relevant knowledge and skills to carry out their work. Care recipients/representatives are satisfied with the staff and the skill they demonstrate in the provision of care. They state staff are attentive to care recipient care needs and are responsive to their requests for assistance.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Staff and care recipients/representatives stated they have access to appropriate and adequate goods and equipment to ensure quality service delivery. The manager oversees the home's budget and there is a preferred suppliers list which enables the timely purchasing and receipt of goods and equipment. Equipment needs are identified through audits and input from staff and care recipients/representatives. There is a corrective and preventative maintenance program to ensure equipment operates safely and is cleaned regularly.

Observation showed sufficient stocks of appropriate goods and equipment throughout the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

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

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

Externally sourced services are provided in a way that meets the home's needs and service quality goals. Service contracts with external providers and service suppliers are established and regularly reviewed. There are systems for ensuring contractors have the relevant insurances, licences and police certificate checks. The home has a preferred supplier/contractor list. A range of allied health professionals provide on-site care and services for care recipients. The home monitors the quality of goods and services provided by external service providers through observation and feedback mechanisms such as meetings and

surveys. Staff and care recipient/representative interviews indicate satisfaction with current external services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for a description of the overall system of continuous improvement. In relation to Accreditation Standard Two - Health and personal care; the home has made planned improvements including:

- It was identified that handover was not efficient or comprehensive. As a result handover now only contains exception reporting. Staff use a 24 hour hard copy handover exception report, along with electronic appointment books which record case conferences and care recipient of the day. Senior staff attend clinical care meetings each morning. Communication and clinical care have improved as a result of this initiative.
- To improve access to dental care, a mobile dental service now visits the home twice a year to provide care recipients with check-ups, and follow up visits as needed. The service also provides prosthesis work for repair of dentures. Management said the mobile service provides care recipients with easy access to dental care, without the need to travel and wait in surgeries. Care recipient/representative feedback has been positive.
- Management identified some care recipients had difficulty attending specialist referrals, and as a result care recipient access to allied health specialists has been reviewed. The home now has regular psychology, dementia behaviour management advisory service (DBMAS), optometry, audiology, psycho-geriatrician, palliative, and tele-health network sessions with a range of health care professionals available in the home for care recipients as needed. Care recipient/representative feedback has been complimentary.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

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

- The organisation information booklets contain information of the new entitlements for care and services which commenced on the 1 July 2014.
- There is a system of review by an accredited pharmacist of care recipients’ medication management.
- Medications are stored and managed in line with NSW state legislation requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge. Review of the education documentation and interviews confirmed education relating to Accreditation Standard Two - Health and personal care has been provided for management and staff. Examples include:

- Dementia care and case studies
- Stoma care
- Palliative care workshop
- Clinical transfer documentation and assessment
- Champions for skin integrity

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 receive clinical care that is appropriate to their individual needs and preferences. There is an ongoing review and evaluation system for identifying, communicating and managing care recipients’ health and personal care needs. Processes on entry to the home include an assessment of each care recipient by a registered nurse and appropriately qualified members of the health care team in consultation with the care recipient and/or their representative (if appropriate). The information is used to develop individual care plans which are reviewed regularly and as required. Staff provide care consistent with documented care plans and monitor care recipients’ clinical outcomes using data from a comprehensive range of avenues and a program of audits. Management monitors staff performance for competence and compliance in relation to the home’s processes and procedures. Care recipients/representatives are satisfied with the extent of consultation and the clinical care provided to the care recipient.

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’ specialised nursing care needs are identified, met and reviewed by appropriately qualified nursing staff. The home has policies and procedures relating to specialised nursing care and a system of assessment and monitoring to ensure appropriate management of care recipients’ specialised nursing care needs. Registered nurses provide complex specialised care to care recipients. Registered nurses also direct and supervise other members of the care team in the provision of clinical care to care recipients.

Specialised care currently includes management of care recipients who require bowel management and stoma care, wound care, management of care recipients with insulin dependent diabetes, pain and management of care recipients with swallowing difficulties. Medical and nursing staff refer care recipients to appropriate specialists and health professionals as necessary. Care recipients/representatives are satisfied the specialised nursing care needs of the care recipient are identified and met 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

Care recipient interviews and clinical notes indicate care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences when

necessary. If required, staff assist by obtaining referrals in consultation with the care recipient's medical practitioner and arranging appointments with health care specialists. All care recipients have access to visiting on-site podiatry, optometry, audiology and dental services and the home is able to access a dietician when required. Care recipient interviews and clinical records show care recipients have accessed medical and other specialist services including physiotherapy, podiatry, clinical pharmacist, speech pathology, mental health and pathology services. Specialist recommendations are communicated to relevant staff through written communication systems, staff handover discussions and clinical records documentation. Staff update care plans and implement changes to care resulting from specialist referrals. Care recipients/representatives are satisfied referrals to appropriate health specialists are in accordance with the care recipient's needs and preferences.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

Care recipients' medication is managed safely and correctly by using systems to ensure medication orders are current, care recipients' medications are reviewed and the medication management system is monitored. Medication audits are conducted, medication incidents are reviewed, and corrective action is taken as required. A medication advisory committee monitors and provides advice on the performance of the home's medication management system and a clinical pharmacist conducts regular medication reviews on individual care recipients. The supplying pharmacist provides regular deliveries and an after-hours service. Medications are administered via a blister pack system, are stored, administered and disposed of safely and in accordance with regulatory requirements. Care recipients who self-administer medication are regularly assessed by their medical practitioner and a registered nurse as competent to do so. Registered nurses and suitably qualified staff administer medications. Care recipients/representatives are satisfied the care recipient's medication is managed safely and correctly.

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

All care recipients are as free as possible from pain. The home has systems which include initial and ongoing assessment of each care recipient's pain. The effectiveness of care recipients' pain management is regularly reviewed by the home's registered nurses and the care recipient's medical practitioner. Care recipients are referred for pain assessment, advice and management to the home's part time physiotherapist who has a pain management role. The staff's approach to managing pain includes attention to clinical, emotional and spiritual needs to minimise and complement medication for pain relief. A plan of care is developed to reflect individual care recipient requirements and staff use a range of pain management strategies including assisting care recipients with movement and repositioning, applying heat packs, massage, using pressure relieving equipment and providing medication as prescribed. Pain management audits are conducted and staff monitor and evaluate interventions to

manage care recipients' pain effectively. Care recipients/representatives are satisfied the care recipient's pain is managed effectively and in a timely manner.

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

There are systems to ensure the comfort and dignity of terminally ill care recipients is maintained and emotional support is provided to the care recipient. Care recipients remain in the home whenever possible in accordance with their preferences. Visiting hours are unlimited and care recipient representatives may stay overnight if desired. Wishes in relation to end of life care are sought from the care recipient or their authorised representative at the time of entry through the assessment process and then through ongoing consultation. The home's staff and the care recipient's medical practitioner provide end of life care with support as needed from external health professionals including the palliative care team. Pastoral care is provided by visiting ministers of religion in accordance with care recipients' preferences.

Representatives are satisfied with the high standard of care and compassion shown by staff toward the care recipient receiving end of life care.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. The home's systems include initial and regular ongoing assessment and monitoring of care recipients' nutritional status. Staff record each care recipient's requirements concerning nutrition and hydration, their allergies, dietary preferences, swallowing difficulties and feeding assistance needs on entry to the home and on an ongoing basis. Special diets, thickened fluids and dietary supplements are provided as necessary. Arrangements are made for review by a speech pathologist if required. Staff promote adequate food and fluid intake, supervise and assist care recipients with their meals as necessary. Staff identify significant weight changes through regular monitoring of weights and arrange follow up as appropriate with the care recipient's medical practitioner. Care recipients/representatives are satisfied the care recipient receives adequate nourishment and hydration.

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’ skin integrity is consistent with their general health and this outcome is achieved through the home’s system of assessment, interventions and reporting requirements. Staff assess care recipients’ skin on entry to the home and on an ongoing basis and develop care plans. Staff use mechanisms such as audits, wound management review meetings, skin checks and documentation of skin care to monitor, maintain and improve skin integrity. The home’s registered nurses are responsible for the management of care recipient wounds and document required treatments. Staff attend to care recipients’ specific skin, hygiene, nutrition, hydration, continence and repositioning needs and use protective strategies and pressure relieving equipment as necessary. A visiting podiatrist attends to care recipients’ foot care needs. Referrals to specialists are arranged when necessary. Care recipients/representatives are satisfied the care recipient’s skin integrity is consistent with the care recipient’s general health.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Staff manage care recipients’ continence effectively which includes assessing care recipients’ bladder and bowel management and continence needs on entry to the home and on an ongoing basis. Staff document individualised continence management information and there is a system used by staff to assist care recipients with their continence needs and to provide continence aids. The home’s manager and continence nurse liaise with the continence aid provider to ensure continence aids match individual care recipient needs.

Clinical documentation indicates care recipients’ continence needs are subject to regular and ongoing review. Staff have processes to promote continence, to prevent and treat constipation and to monitor for urinary tract infections. Referrals to medical specialists and other health professionals are arranged in consultation with the care recipient’s medical practitioner. Care recipients/representatives are satisfied with the care recipient’s continence management.

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 effectively. Staff perform initial and ongoing assessments to identify care recipients’ behaviour management needs, triggers and strategies, and develop and implement care plans. Audits are conducted of incidents and staff monitor the effectiveness of strategies, review the care plan regularly and

make changes as required. The home has a secure twenty place unit for care recipients diagnosed with dementia or cognitive impairment. Staff arrange referrals in consultation with the care recipient's medical practitioner to medical specialists such as geriatricians and referrals to specialist health teams have included the Dementia Behaviour Management Advisory Service (DBMAS). Documented strategies are implemented to provide a calm, safe environment. Care recipients/representatives are satisfied the home has systems and processes to effectively identify and manage care recipients with responsive behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

All care recipients are assisted to achieve optimum levels of mobility and dexterity. The home has systems to assess, manage and evaluate care recipients' mobility on entry to the home and on an ongoing basis to achieve optimum levels of mobility and dexterity. The home's registered nurses and visiting physiotherapist assess each care recipient's mobility status and falls risk on entry and thereafter as required. The care recipient's manual handling needs, mobility and dexterity aids, falls risk and prevention strategies are identified, documented and reviewed regularly as part of the care planning process. The home conducts regular audits and has falls prevention strategies such as regular exercise classes, the use of mobility aids, handrails, floor level beds, and the use of care recipient monitoring devices such as bed sensors. Care recipients/representatives are satisfied with the efforts made by staff to maintain the care recipient's mobility.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Care recipients' oral and dental health is maintained. The home has a system for the initial and ongoing assessment, management and evaluation of care recipients to maintain their oral and dental health. This includes making arrangements for referral to a dentist for further assessment and treatment if needed. Staff arrange for dental services to be provided on-site and visits to external dentists are arranged in accordance with care recipient preferences.

Review by a visiting speech therapist is also available. Staff assess care recipients' oral hygiene needs and document in care plans which are reviewed regularly. Staff assist care recipients to maintain oral hygiene and care recipients are provided with oral and dental care supplies as needed. Care recipients/representatives are satisfied the care recipient's oral and dental health is maintained.

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

Care recipients’ sensory losses are identified and managed effectively using systems to assess, monitor and evaluate management of care recipients’ sensory losses. Care recipients’ vision, hearing, taste, touch and smell are assessed on entry. Staff document care recipients’ sensory abilities and management in their clinical records and care plans.

Optometry and audiology services are provided on site for care recipients as needed. Staff provide care recipients with support and assistance to adjust to life with sensory loss and assist care recipients in the care and maintenance of visual and auditory aids. The home’s activities program caters to the needs of care recipients who have sensory losses. Care recipients/representatives are satisfied the care recipient’s sensory losses are identified and 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

Care recipients are supported to achieve their natural sleep patterns. Care recipients’ sleep patterns are assessed on entry to the home and on an ongoing basis. This includes the care recipient’s preferred sleeping times and routines. The care recipient’s sleep needs, preferences and strategies to assist care recipients with sleep are documented and reviewed as needed by staff in consultation with the care recipient or their representative (if appropriate). Staff identify and address barriers to natural sleep including pain, continence needs and hunger when planning care. Care staff provide night sedation as prescribed and alternatives to medication such as offering a warm drink to assist care recipients to sleep.

Reduced noise, lighting and other environmental factors are also considered to assist care recipients achieve natural sleep. Care recipients/representatives are satisfied with the support provided by staff to facilitate the care recipient’s sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for a description of the overall system of continuous improvement. In relation to care recipient lifestyle, care recipient and representative meetings, the complaints system and care recipient surveys are used to gather feedback from care recipients.

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

- Following requests for more bus outings, management have made arrangements to borrow a large 28 seater bus from a nearby home on a fortnightly basis. The home’s small bus also takes a small group of care recipients on weekly outings. New breakdown kits have been developed and are taken on bus outings. Care recipients interviewed are very complimentary of the bus outings.
- Following care recipient requests, two large high definition smart televisions have been installed in common areas. The televisions have internet access, and improved sound and picture clarity. Care recipients were observed using the televisions for exercise programs over the course of the accreditation visit.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of regulatory compliance with regulations specific to Accreditation Standard Three

- Care recipient lifestyle include:

- There is a policy, procedure and staff training for the reporting of alleged or suspected care recipient assault.
- The Charter of Care Recipients’ Rights and Responsibilities is displayed in the home and is included in documents which are provided to all care recipients.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge. Review of the education documentation and interviews confirmed education relating to Accreditation Standard Three - Care recipient lifestyle has been provided to staff. Examples include:

- Certificate IV Lifestyle and Leisure
- Privacy and dignity
- Cognitive stimulation therapy

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

Care recipients receive support in adjusting to life in the new environment and on an ongoing basis. There are systems to ensure care recipients receive initial emotional support through the pre-entry and entry processes and thereafter. Staff are actively engaged in welcoming and

supporting new care recipients. Care recipients are provided with an information handbook, their individual needs are assessed and care is planned and evaluated in consultation with the care recipient/representative. Staff welcome visiting families and friends and meals can be ordered to enable family and friends to dine with the care recipient. Care recipients are encouraged to bring in personal items and photographs to help create a homelike atmosphere. Staff provide care recipients with emotional support, such as the provision of one-to-one interaction by the activities staff and care staff. Care recipients/representatives are satisfied with the information provided prior to entry and the ongoing emotional support provided to the care recipient to adjust to life in the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Documentation, staff practices and care recipient feedback confirms care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Care recipients' preferences in relation to a range of activities of daily living and lifestyle are identified and documented. The activities program is displayed in communal areas and care recipient meeting minutes are posted on notice boards to facilitate independence. Care recipients have input into decision-making in relation to personal care, lifestyle and health care choices through daily interactions, care recipient meetings and various feedback mechanisms. Staff encourage and assist care recipients to achieve maximum independence through the exercise and activities programs.

Telephone connections are available to allow independent communication and arrangements are made for care recipients to vote in elections. The home welcomes visits from community groups and care recipients participate in life outside the home if able. Care recipients/representatives are satisfied with the assistance provided to achieve maximum care recipient independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Staff recognise and respect each care recipient's privacy, dignity and confidentiality. All care recipients are accommodated in single rooms with an ensuite which facilitates privacy and dignity. Staff sign confidentiality agreements on commencement of employment and confidential care recipient records are stored securely. Care recipients sign consent relating to disclosure of personal information. Staff demonstrated an awareness of privacy and dignity considerations in their daily practices, such as addressing care recipients by their preferred names, knocking on doors prior to entering rooms and by their demeanour in daily interactions with care recipients. The Charter of residents' rights and responsibilities is displayed in the home and included in the documentation provided to new care recipients.

Care recipients' end of life wishes including cultural and religious requirements are discussed and documented on entry and on an ongoing basis at family conferences. Care recipients/representatives are satisfied the care recipient's right to privacy, dignity and confidentiality is recognised and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems to encourage and support care recipients to participate in a range of activities of interest to them. On entry to the home, care recipients/representatives are consulted in relation to the care recipient's background, interests, preferences and requirements. Care recipients' communication, functional and cognitive abilities are assessed and documented on entry and on an ongoing basis and activities match care recipients' interests and abilities. A monthly activities program is displayed. The program is evaluated regularly and modified in response to ongoing care recipient feedback including through care recipient meetings, audits and surveys. Popular activities currently include bingo, art, quizzes, bocce, exercises, bus trips, singing and other musical events. A special program which includes therapeutic humour and cognitive stimulation activities has been developed for residents diagnosed with dementia/cognitive impairment. Care recipients/representatives are satisfied care recipient participation is encouraged and supported and the activities offered by the home are of interest to the care recipient.

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 individual interests, customs, beliefs and cultural and ethnic backgrounds of care recipients are valued and fostered. Management and staff ensure care recipients' cultural and spiritual customs, beliefs and preferences are recognised and valued. Care recipients' needs and preferences are identified on entry and care plans are developed and reviewed regularly. Special dates of cultural significance to current care recipients are observed such as Easter, Christmas, care recipients' birthdays, Mother's Day, Father's Day and ANZAC day. Anglican services are conducted on a regular basis, Roman Catholic communion is provided regularly and chaplains of any denomination can also be contacted to visit care recipients individually when requested. Care recipients/representatives confirmed the cultural and spiritual needs of the care recipient 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

Each care recipient (or their representative) participates in decisions about the services the care recipient receives and exercises choice and control over their lifestyle without infringing other people's rights. Care recipients' personal preference and needs are identified on entry to the home and reviewed using a range of assessments and consultation with care recipients/representatives. A care recipient's right to participate in activities which may involve a degree of risk is respected, discussed and documented. The care recipient handbook outlines the services provided and avenues for making suggestions and complaints. Information on care recipients' rights and responsibilities is provided to care recipients on entry and the Charter of residents' rights and responsibilities is displayed in the home. Care recipients or their representative (if appropriate) are encouraged to participate in decisions about the care, services and activities offered. Participation in decisions occurs using processes such as surveys, care recipient meetings, family conferences and other feedback mechanisms. Care recipients/representatives are satisfied with their participation in decisions concerning services received by the care recipient and their opportunity to exercise choice about their lifestyle.

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

Care recipients interviewed by the team confirm they feel secure in their tenure, and that they understand their rights and responsibilities. A residency agreement is provided to all care recipients and is discussed with them and/or their representative prior to entry to the home.

Information about security of tenure, care recipients' rights and responsibilities, fee payment options, cooling-off periods and rules of occupancy are discussed prior to entry to the home and are included in the agreement document. Staff interviewed by the team said that they are aware of care recipient rights and responsibilities and their security of tenure. Care recipients/representatives interviewed by the team indicated that they had received the client information compendium during the entry process and that they feel comfortable to raise any issue of tenure and their rights and responsibilities with the staff or management.

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 a description of the overall system of continuous improvement.

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

- Following a review of living environments within the home, a major refurbishment of the home has been designed, with a view to improving noise control and common areas, and consulting areas. Council approval has been received and work begins on the refurbishment over the next month. The improvements include improved common and dining areas, a dual purpose therapy/consulting room, a glassed conservatory and covered walkways. Care recipients will continue to receive regular progress reports on the improvements.
- It was identified that the dementia specific unit (Moonyah) had a colour scheme which made it difficult for care recipients living with dementia to identify their doorways, causing anxiety and responsive behaviours among some care recipients. As a result the dementia specific unit has been redecorated using two contrasting colours, following consultation with care recipients and their representatives. Curtains were also removed from the ceiling to floor glass wall in the unit, allowing natural light into the downstairs common area, and a view of the recently landscaped garden area. The result has been a light filled, visually appealing area for care recipients. A tropical fish tank has also been installed. The changes have improved care recipient living areas, and resulted in a decrease in care recipient intrusive behaviours and care recipients find it easier to locate their own rooms.
- Following feedback from staff a new external fire and safety provider has been contracted. The new provider educates staff in fire, evacuation and emergency management procedures. Staff said the education sessions are both interesting and informative.
- The dementia specific unit (DSU) (Moonyah) is located on two levels of the home. In the case of an emergency when the lift may not be working, care recipients would need to be escorted to the bottom floor via the fire safety stairwell. To ensure staff have access to the most efficient evacuation methods for care recipients, management have recently ordered evacuation mats for all beds in the home. The mats will remain in-situ under bed mattresses, and in the event of an evacuation, the care recipient and mattress are contained within the evacuation mat, making it much easier to safely transport care recipients down the stairwell.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

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

- There is a system for the regular checking and maintenance of fire safety equipment and a current fire safety statement is on display. The home is fitted with a sprinkler system.
- There is a current New South Wales Food Authority license on display. The food safety system is regularly audited by the Food Authority and meets the legislated requirements for food safety.
- There is a system for the regular checking and maintenance of the lift (elevator). There is a current New South Wales certificate of compliance for the lift on display.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge. Review of the education documentation and interviews confirmed that education relating to Accreditation Standard Four - Physical environment and safe systems has been provided for management and staff. Examples include:

- Fire, evacuation and emergency management
- Dining with dignity
- Public health - Outbreak management in community and residential aged care

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home provides accommodation for care recipients in single rooms, with ensuite bathrooms. There are furnished sitting, dining and recreational areas and a variety of outdoor sitting areas throughout the grounds. The home has wide corridors with adequate lighting and storage. There is air conditioning for maintaining comfortable room temperatures throughout the year. Regular environmental audits are carried out to monitor safety and identify possible hazards. There are systems for preventative and reactive maintenance and to ensure the ongoing maintenance of the grounds and gardens. Observation of the home and feedback from care recipients/representatives and staff show management provides a safe and comfortable environment in line with care recipients' needs.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home's management team actively work to provide a safe working environment that meets regulatory requirements. There are work health and safety (WHS) representatives from all areas of the home, and the WHS committee meets regularly to ensure the living environment for care recipients and the staff work environment is safe through monitoring processes. The monitoring processes include audits, observation and monitoring of incidents and hazards, and clinical data. The workplace safety officers support safety through accident investigation, risk assessments and the development of safe work practices. Staff highlight risks and hazards through the maintenance, accident and incident and hazard reporting systems and are aware of safe work practices. Personal protective equipment is readily available for staff. Staff members are assessed for functional ability prior to employment and receive education in manual handling during orientation and annually and we observed staff working safely.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

There are systems to promote the safety and security of care recipients and staff. These include emergency and fire evacuation procedures as well as maintenance checks of all fire equipment and systems. Staff interviews demonstrate they are familiar with the fire safety equipment and procedures and they confirmed they attend regular fire safety training. There is evacuation information which ensures vital information is available to staff in an emergency

and an emergency management plan is in place. There are security processes to ensure the buildings and grounds are secured at night. There is a no smoking policy in the home and there are nominated smoking areas in the grounds. Care recipients and staff state they feel safe and secure in the home.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's findings

The home meets this expected outcome

The home has comprehensive systems for identifying and managing infection. There is an effective infection control program which includes the offering of influenza vaccination for care recipients and staff, waste management, cleaning, laundry and a food safety program. Staff monitor care recipients' infections and data is collated and analysed on infection information to identify and address matters related to infection control. Education is provided to staff and information is provided to care recipients/representatives and others visiting the home to prevent or address infectious outbreaks. Staff said they have access to sufficient supplies of appropriate infection control equipment including personal protection equipment, spills kits, sharps disposal and clinical waste bins. Our observations and interviews confirm the availability of equipment and supplies for managing an infectious outbreak.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

There are systems to identify care recipients' meal requirements and preferences on entry to the home and as care recipient needs change. Meals are delivered chill cooked and based on a four-week rotating menu. The menu is approved by a dietitian and reflects care recipient needs and preferences. In consultation with activities staff special occasions and cultural/religious days are celebrated with special foods and meals. Staff cater to individual care recipient meal preferences and dietary needs as required. The kitchen is clean and orderly with systems to ensure food is safe. There are cleaning schedules and processes to ensure the building is maintained in a clean and tidy condition. There are systems for the provision of laundry services and a care recipient laundry and clothing labelling service is available. Care recipients/representatives expressed satisfaction with the variety, quantity and quality of the meals, the cleanliness of the environment and the laundry service provided.