



Australian Government

Australian Aged Care Quality Agency

Uniting Care Springwood Village

RACS ID 0151
381 Great Western Highway
SPRINGWOOD NSW 2777

Approved provider: The Uniting Church in Australia Property Trust (NSW)

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 August 2018.

We made our decision on 07 July 2015.

The audit was conducted on 12 May 2015 to 14 May 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



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Audit Report

Uniting Care Springwood Village 0151

Approved provider: The Uniting Church in Australia Property Trust (NSW)

Introduction

This is the report of a re-accreditation audit from 12 May 2015 to 14 May 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 12 May 2015 to 14 May 2015.

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

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

Assessment team

Team leader:	Margaret McCartney
Team member/s:	Mark Chapman

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (NSW)
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Details of home

Name of home:	Uniting Care Springwood Village
RACS ID:	0151

Total number of allocated places:	134
Number of care recipients during audit:	129
Number of care recipients receiving high care during audit:	93
Special needs catered for:	Dementia specific unit

Street/PO Box:	381 Great Western Highway
City/Town:	SPRINGWOOD
State:	NSW
Postcode:	2777
Phone number:	02 4752 2000
Facsimile:	02 4752 2009
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Service manager	1
Acting clinical care managers	2
Regional managers	2
Regional learning and development staff	3
Registered nurses	4
Hillman House team leader	1
Care staff	7
Administration officer	1
Regional admissions officer	1
Continence supply company specialist	1
Contract catering/cleaning staff	4
Residents/representatives	17
Recreational activity officers	3
Occupational therapist	1
Physiotherapist	1
Volunteer	1
Pharmacist	1
Pastoral care worker	1
Regional work health and safety officer	1
Contract services managers – catering/cleaning/maintenance	4
Laundry staff	1

Sampled documents

Category	Number
Residents' care documentation (files, assessments, care plans, progress notes, medical officers notes and various forms and charts)	10
Monthly bowel charts	5
Blood glucose level charts	7
General practitioner contribution to insulin care plans	3
Resident administrative files	6
Medication charts	15
Electronic medication signage records	11
Wound charts	11
Weight charts	14
Personnel files	6

Other documents reviewed

The team also reviewed:

- Accident/incident documentation: incident reports, indicator monthly benchmarking reports and data analysis, incident summary registers
- Catering documentation: food safety program and refrigerator temperature records, menu
- Cleaning schedules
- Clinical care documentation: handover reports, communication diaries, case conference months calendar, special care day sign off sheet, special care day charts, vital signs charts, assessments to be completed checklist, pathology reports, doctors list
- Comments and complaints records
- Continence management documentation: continence aid allocation lists, continence facilitators manual, continence committee meeting minutes, bowel management plans
- Education calendar and education records
- Evacuation maps, fire and emergency manual, fire equipment checking records
- Hazard alert folder
- Human resource management documentation: job descriptions and duty lists, staff handbook, staff rosters

- Infection control folder and monthly infection surveillance reports, infection data summaries and analysis
- Maintenance service reports from external contractors, maintenance log, preventative maintenance program
- Medication management documentation: daily temperature checks for medication refrigerators, schedule eight medication registers, medication incident register, medication incident reports, nurse initiated medication lists, self-medication assessments, medication monitoring review, signature registers for registered nurses, endorsed enrolled nurses and care staff, medication identification charts, PRN (as necessary) tracking all residents registers
- Memoranda
- Minutes of meetings for residents, staff and management
- Nutrition and hydration documentation: dietician's reports, dietician and nutritionist lists, residents' dietary needs and preferences information in the serveries, Lewin Lodge weight register, Hillman House weight register
- Pain management documentation: pain charts, heat pack treatment record, heat pack assessments, pain management program records
- Palliative care documentation: advanced care plans
- Physiotherapy documentation: physiotherapy assessments, falls prevention checklist, manual handling instruction cards, physiotherapy referral forms and records
- Policies and procedures
- Privacy consent forms, media consent forms, privacy collection statements
- Quality management system documentation: policies, procedures and forms, manage your issues and actions log (plan for continuous improvement), audit folders including schedules and results
- Re-accreditation application self-assessment
- Recreational activity documentation: activity programs, photographs, social information, activity attendance records, monthly activity program evaluation forms, continuous improvement forms, activity surveys, reviews of activities and observations, evaluations forms
- Regulatory compliance documentation: registered nurse registrations, police check register, records of reportable and non-reportable assaults
- Resident handbook, information package and newsletter
- Resident lists
- Skin care documentation: podiatry handover reports
- Specialised nursing care documentation: specialised nursing care needs resident list, registered nurse folder, catheter line management change records

- Wound care documentation: wound care folders, residential care service wound assessments, wound registers, wound photographs

Observations

The team observed the following:

- Activities in progress, activity programs on display, residents' individual activity equipment availability, group recreational activity equipment and resources, photographs of residents engaged in activities, Mother's Day concerts, monthly upcoming events on display, recreational activity staff offices, resident computer, libraries, ice cream cart, train set, pet birds in cage, pool table
- Annual fire safety statement on display
- Charter of Residents' Rights and Responsibilities on display
- Chemical supplies
- Clinical instructions available to staff
- Continence aid trolley and supplies
- Duty statements available to staff
- Emergency and firefighting equipment, evacuation pack and contents, sprinkler systems
- Equipment and supplies in use and in storage such as lifting equipment, manual handling aids, mobility equipment and pressure relieving aids in use and in storage
- Feedback mechanisms including internal feedback forms, catering communication book and external agency complaints and advocacy brochures available
- Hairdressing salons
- Handrails in corridors and bathrooms
- Infection control support: personal protective equipment (PPE) and infection control practices in place, sharps containers, general and contaminated waste disposal systems, outbreak kits and spill kits, hand washing equipment and facilities throughout the home
- Interactions between residents, representatives, volunteers and staff
- Key pad security on doors
- Living environment - internal and external areas
- Lunch and beverage services, daily and rotating menus on display
- Manual handling information charts on display
- Medication storage and staff completing medication rounds

- New South Wales Food Authority Licence on display
- Notice boards – resident and staff areas
- Palliative care room in nursing home area
- Policies and procedures available to staff
- Quiet room
- Re-accreditation notices on display
- Safety data sheets
- Secure storage of resident and staff files
- Short group observation in dementia specific area
- Snacks and water jugs available to residents, hydration stations
- Staff work areas: utility areas, kitchen, laundry, nurses' stations, treatment rooms, staff room and cleaners' and maintenance areas
- Vision and values on display
- Visiting medical officers

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- Management identified low participation by staff in e-learning programs was in part due to staff not having access to the internet or computers. Hot desks have now been installed at the home to allow staff access to computers to enable them to complete educational and in-service training. Additional training in how to utilise the e-learning programs has also been provided to staff requiring further assistance. Feedback from staff has been positive since the introduction of the hot desks.
- In response to resident feedback from a recent survey the home has provided secure suggestion boxes to ensure confidentiality. Throughout the home informative posters and brochures are available to promote the feedback systems to residents and representatives. Residents stated they were aware of the suggestion boxes and the feedback process available to them in the home.
- To improve the management and access to stores a centralised store room has now been set up and a register developed to identify stock levels at the main and satellite store rooms in each area. Stock levels can now be easily identified and appropriate levels maintained. Weekly usage is monitored and a stocktake undertaken. Staff interviewed stated the changes to stock management ensured levels of stock were now easily verifiable and accessible.
- A review of resident and staff handbooks as well as other promotional documentation was undertaken to ensure it is current. The organisation has revised its vision, purpose and inspired care strategies and the revised handbooks will ensure that they are promoted appropriately. The review has been completed and the updated handbooks have been made available to all staff and residents.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

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

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

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- Handling comments and complaints
- Effective communication
- Managing reportable incidents.

1.4 Comments and complaints

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

Team’s findings

The home meets this expected outcome

The home has a policy and procedures for complaints management. All stakeholders are encouraged to provide feedback on the services provided through meetings, brochures, notices and surveys. Residents and/or their representatives are informed of the internal and external complaints mechanisms on entry to the home. This is documented in the resident handbook provided. Feedback forms for comments, complaints and suggestions are accessible for stakeholders. Information on the external complaints scheme and advocacy services are on display. Residents/representatives and staff stated management is approachable and responsive regarding any issues or concerns.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

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

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

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

Management are committed to providing ongoing education to all staff as evidenced by the education program. Residents/representatives expressed satisfaction about the staff, the care they provide and that they are knowledgeable and have a caring attitude towards the residents.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

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

Management monitors the inventory and equipment system through inspections, review of incident and hazard forms, audits and requests from stakeholders.

Residents/representatives and staff generally stated and observations indicated there are adequate supplies of goods and equipment available for use in the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are systems for the creation, storage, archiving and destruction of documentation within the home. We observed that confidential information such as resident and staff files are stored securely. Information is disseminated through emails, meetings, notice boards, newsletters, memoranda, diaries, handover reports and informal lines of communication. The computers in the home are password protected and there is a process for backing up the system. The home has a system of internal audits to ensure compliance with their policies and procedures. Staff are positive about the quality and quantity of information they receive which keeps them informed and up to date with daily activities at the home.

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

1.9 External services

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

Team's findings

The home meets this expected outcome

There are systems and processes to ensure external services are provided to meet the home's care and service needs and quality goals. Service contracts, with a range of external providers and service suppliers, are established and are regularly reviewed. The home has an approved supplier/contractor listing available for staff. External suppliers of goods and services are required to provide evidence of their insurance, workplace health and safety obligations, license or business registration details and criminal history

certificate as required. Contractors sign a register when working at the home and are overseen by the maintenance officer. All work performed is monitored for quality and effectiveness of service through inspections, audits, surveys and feedback. A range of allied health professionals provide on-site care and services for residents. Residents/representatives and staff are satisfied with the external services provided at the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

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

- Feedback from residents identified the need to provide enhanced palliative care. As a result a palliative care room (Wisteria Room) has been setup and refurbished to include a small kitchenette and a television. A fold out bed is included enabling family to stay overnight with the resident. The Wisteria Room is in close proximity to a quiet prayer room and outside courtyard area. Feedback from residents and representatives has been very positive since the palliative room has been made available.
- Following a suggestion from care staff, personalised 'Care at a Glance' charts showing the care needs of the resident have been introduced. The charts are located in each resident's wardrobe and provide casual and new care staff with relevant care information for each resident. Feedback from care staff has been positive since the introduction of the 'Care at a Glance' charts.
- Care staff noted that residents in the Boronia secure area were experiencing difficulty recognising the toilet in the bathrooms due to the room being all white and the toilet and seat also being white. To assist residents to identify the location of the toilet the white toilet seats have been replaced with black seats. Care staff stated residents are now more confident in using the bathrooms.
- To facilitate increased fluid intake for residents the catering staff have installed hydration stations throughout the home. The hydration stations offer a different fluid choice each day and allow more ready access for residents to fluids at all times.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

An example of regulatory compliance with Accreditation Standard Two includes:

- Implementing a system to ensure registered nurses and other health care professional registrations are maintained.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- Medication management
- Palliative care
- Pressure ulcers and skin tears.

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 home has processes to support residents to receive clinical care. This includes assessment and care planning processes and medical officers attending the home periodically and on request. Verbal, written and electronic communication processes are available to inform nursing staff of residents’ care needs. Residents’ weights and vital signs are to be recorded each month during their special care days. Residents and/or their representatives have opportunities for input into the residents’ care delivery through

ongoing verbal discussions. Management advised that calendars for the completion of care conferences have recently been introduced. The organisation provides an electronic incident reporting system through which trends can be monitored. Residents/representatives expressed satisfaction with the care provided and residents' access to their medical officers.

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 processes to support residents' specialised nursing care needs to be met including providing registered nurses on site over 24 hours each day. Examples of residents' specialised nursing care needs currently supported include urinary catheter care, oxygen therapy, wound care and diabetic medication management. Various charts and records relating to residents' specialised nursing care needs are available for staff to complete. A registered nurses folder has also recently been put in place to improve the communication of residents' specialised nursing care needs. Registered nurse interviews demonstrated they have access to sufficient supplies of equipment for residents' specialised nursing care needs. Management advised the region's clinical nurse consultant for palliative care attends the home and provides advice as required. Management interviews also demonstrate that other nurse specialists can be accessed when needed. Residents/representatives expressed satisfaction with the knowledge and skills of the nursing staff working in the home.

2.6 Other health and related services

This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences".

Team's findings

The home meets this expected outcome

The home has processes to support residents to be referred to appropriate health specialists in accordance with their needs and preferences. Processes include assessing residents' needs and referring them to their medical officers or the relevant health services for review. Documentation reviews and interviews demonstrated residents have been seen by a range of health services which visit the home. Examples include a physiotherapist, an occupational therapist, a podiatrist, a dietician and a psychologist as well as pharmacy and pathology services. In addition, management advised an audiology service, a dementia advisor service, mental health specialists, a speech pathologist and an ophthalmologist are available to visit the home on request. Management reported that staff assistance to transport residents to external appointments is available when required. Residents/representatives expressed satisfaction with resident access to health specialists and services.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has processes to support residents’ medication to be managed safely and correctly. This includes using a pre-packed medication administration system and an electronic medication administration recording program. Registered nurses or trained care staff administer residents’ medications and information is maintained to guide them on residents’ medication allergies, instructions for administration and residents’ photographic identification. Registers are maintained for schedule eight medications. Eye drop containers are labelled to assist with identifying their expiry dates and the temperatures of the medication refrigerators are recorded. Nurse initiated medication lists are maintained. The home participates in a medication advisory committee and the incident reporting system includes medication incidents. The pharmacy service assists with auditing the home’s medication management. Residents/representatives expressed satisfaction with the support for residents’ medication management.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has processes to support residents’ pain management needs. This includes assessment and care planning processes and reviews by medical officers. An occupational therapist provides treatments for a number of residents’ pain management needs four days a week. Pain charts are completed by the occupational therapist for residents for whom they are providing pain management treatments or by other staff as required. Examples of strategies currently provided for residents’ pain management include the administration of pain relieving medications, narcotic patch applications, heat pack applications, therapeutic massage and repositioning. Staff reported a syringe driver is available to use for residents’ pain management when required. Residents/representatives expressed satisfaction with the pain management provided.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has processes to maintain the comfort and dignity of residents who are terminally ill. This includes providing new residents with information on advanced care planning on entry to the home to assist in identifying their wishes for end of life care. Management also reported residents’ end of life wishes are identified through care conferences as needed.

Care staff said they support residents who are terminally ill through caring for their physical and emotional needs. This includes ensuring the residents are comfortable. The home has a chaplain and pastoral care worker available to provide spiritual support for residents and their families as necessary. A palliative care room is available to support residents’ privacy during end of life care. The home also provides facilities to support the representatives of residents who are terminally ill to stay in the home overnight. The region’s clinical nurse consultant for palliative care attends the home regularly and on request to provide advice.

Residents/representatives expressed satisfaction with the care and support the home provides.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has processes to support residents to receive nourishment and hydration. This includes the assessment and care planning of residents’ dietary needs and the communication of these needs to the catering staff. Provision is made to support residents who require dietary assistive devices, blended meals, thickened fluids and special diets. The four week rotating menu has been reviewed by a dietician and staff reported fresh fruit is provided each evening. The home provides hydration stations, drinks at regular intervals and water jugs in many residents’ rooms. Some residents also have refrigerators in their rooms in which they can store snacks and fluids. The home’s processes include for residents’ weights to be recorded each month. A dietician reviews residents in relation to their weight management and a number of residents are currently receiving dietary supplements to assist with their nutritional management. Residents/representatives generally expressed satisfaction with the food and drink the home provides.

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 assessment and care planning processes for residents’ skin care. A podiatrist and hairdressers visit the home regularly to attend to residents. Care staff advised they attend to residents’ nail care as required and each resident has their own nail clipper. Staff also advised residents’ skin integrity is maintained through emollient cream applications and regular repositioning for less mobile residents. The accident and incident reporting system includes recording incidents of residents’ skin integrity breakdown. Residents’ wound care is completed by registered nurses or by care staff for wounds requiring simple treatments.

Resident/representative interviews indicated satisfaction with the support provided for residents’ skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents’ continence is managed through assessment and care planning processes and resident/representative feedback. A continence committee has recently been introduced to oversee and review residents’ continence needs. The home has processes for the supply and distribution of residents’ continence aids. Care staff said they have access to sufficient supplies of continence aids to meet resident needs and they support residents with toileting at regular intervals or as necessary. The home has strategies for residents’ bowel management. This includes the use of bowel charts, fibre in residents’ diets, prunes and pear juice available for breakfast and the administration of medications for bowel management regularly or as required. Bowel management plans are also documented.

Resident/representative interviews generally indicated satisfaction with the support provided for residents’ 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 home has processes to support the needs of residents with responsive behaviours. This includes assessment and care planning processes and referring residents with responsive behaviours to their medical officers for review when necessary. Management reported the home also has access to a psychogeriatrician, a psychologist and a dementia advisory service to which residents can be referred for review when indicated. The home

provides a secure 20 bed dementia specific area to support the safety of residents with wandering and/or absconding behaviours. The organisation's policies include minimising the use of restraint and no residents are currently identified to have physical or chemical restraint in use. Staff described examples of the behavioural management to support residents with responsive behaviours. The home provides a carers' support group which the representatives of residents in the dementia specific area can attend for support.

Residents/representatives generally expressed satisfaction with the staff support provided for residents' behavioural management.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home's assessment processes include the identification of residents' mobility needs, manual handling and transfer needs and falls risk. Care plans or charts relating to these needs are completed. A physiotherapist attends the home two days a week to assess residents' mobility needs and to review residents who have experienced a fall. The occupational therapist who attends the home five days a week also assists with these assessments when necessary. Hillman House and Lewin Lodge provide regular exercise groups for residents and many residents in these areas were observed mobilising with mobility aids. Care staff in these areas also reported they take residents, who require assistance, for walks when required. Examples of strategies for residents' falls prevention and management include providing mobility aids, using hip savers, lowering beds to the floor and the use of bed sensors. The organisation's incident reporting program includes incidents of residents' falls. Residents/representatives did not identify issues with the support provided for residents' mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home has processes through which residents' oral and dental health care is maintained including assessment and care planning processes. Residents' ongoing oral and dental care needs are also monitored through ongoing staff observations and resident/representative feedback. Management interviews demonstrated the home has supplies of items needed for residents' oral hygiene available to provide for residents. Management also reported they are currently reviewing the availability of a dental service who can visit residents in the home on request. Care staff said they assist residents with their oral hygiene when needed. Staff also reported the home has equipment with which to label residents' dentures when required.

Residents/representatives expressed satisfaction with the support provided for residents' oral and dental care as well as several residents reporting they are independent with these care needs.

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 processes to identify and manage residents’ sensory loss needs including assessment and care planning processes. Assessments recorded include the identification of residents’ hearing, vision, taste, touch and smell sensory loss needs. Management advised that an audiology service and an optometrist are available to attend the home on request.

Care staff said they assist residents with vision and hearing loss such as by supporting residents with their hearing aid care needs. Residents have access to supplies of large print books and staff advised of the provision of auditory books for residents when needed.

Recreational activity programs include activities for residents’ sensory stimulation such as hand massage and the aroma produced during cooking activities. The living environment is well lit. Resident/representative interviews indicated they are satisfied with the support for residents’ sensory loss needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has processes to support residents to achieve natural sleep patterns through the care planning processes and the support available during the night by one registered nurse and five care staff. This includes staff based in each of the three buildings of the home at night. Residents have call bells in their rooms to call for staff assistance at night as required. Staff advised of strategies to support residents to achieve natural sleep patterns such as providing adequate blankets at night. Medication to assist with sleep is also provided as per medical officers’ orders. Management said supplies of snacks and drinks are available for residents during the night if required. Residents reported the home is quiet at night and they sleep well. Residents’ representatives did not identify any problems with residents’ achieving natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- Care staff identified there was an opportunity for residents to connect with their relatives and friends by utilising a computerised visual communication program. An electronic pad loaded with a computerised visual communication program has been provided for residents to allow them to connect with their families and friends over the internet. The electronic pad can be used in the resident’s room in a private and secure environment. Residents and representatives have been informed of the availability of the electronic pad and a number of residents with families overseas have used the service to speak with their relatives.
- In response to resident feedback audio speakers have been installed in the Jacaranda courtyard to enable residents/representatives to listen to and enjoy music whilst being outside. This has enhanced the atmosphere for residents particularly on special celebratory days being held in the courtyard. Feedback from residents and representatives has been positive.
- A resident suggestion for a mobile kiosk trolley has been introduced to service Hillman House residents who are unable to attend the main kiosk in Lewin Lodge. Residents in Hillman House can now maintain their independence and make purchases from the mobile trolley kiosk on a regular basis. Residents have given positive feedback about the introduction of the mobile trolley.
- A ‘singalong for home’ group has been established for residents who expressed a desire to sing. A volunteer piano player has been engaged to provide backup for the singers and the activity has been well patronised, leading to increased socialisation and interaction between residents in the home.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Three include:

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

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- Elder abuse and mandatory reporting
- Cultural diversity
- Privacy for residents.

3.4 Emotional support

This expected outcome requires that "each care recipient receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

The home has processes through which each resident receives support in adjusting to life on entry to the home and on an ongoing basis. Processes include providing prospective and new residents and/or their representatives with information on the care and services available in the home. Assessments and care plans are completed for new residents through which their various support needs are identified. New residents are also supported through staff welcoming and orientating them to the home and ongoing support is provided. This includes a chaplain and a pastoral care worker attending the home to support residents. Staff reported that community volunteer visitors also visit and support residents in the home.

Residents/representatives generally expressed satisfaction with the initial and ongoing emotional support provided.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are assisted to achieve independence, maintain friendships and participate in the life of the community within and outside the home. The home provides an environment in which representatives, entertainers, school groups and volunteers are welcome to visit.

Residents' independence is also fostered through bus outings provided and residents can choose to attend activities outside the home. Residents can have radios, telephones and televisions in their rooms. Residents in Hillman House and Lewin Lodge can also have refrigerators in their rooms. Staff reported residents are taken on bus trips to a library and residents volunteer to run the kiosk in Lewin Lodge. Care staff advised they encourage residents to do as much as they can to maintain their independence during the activities of daily living. Equipment is available to support resident independence such as grab rails in bathrooms. A newsletter has recently been implemented in the home.

Resident/representative interviews demonstrated residents are assisted to achieve independence and participate in community 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

The home demonstrates that each resident's right to privacy, dignity and confidentiality is recognised and respected. Staff refer to residents by their preferred names. Residents and/or their representatives are provided with information relating to the organisation's privacy policy and are requested to complete consent forms relating to the use of personal information. Staff demonstrated strategies for maintaining respect for residents' privacy and dignity and confirmed they agreed to maintain the confidentiality of resident information when they commenced employment in the home. Residents' electronic care information is password protected and hard copy documentation is stored securely. Residents/representatives expressed satisfaction with the way in which staff show respect and support residents' privacy and dignity.

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 processes to encourage and support residents to participate in their interests and activities of interest to them. This includes assessment processes and recreational activity officers and volunteers supporting activity programs to be held five days a week. Staff advised that movies and equipment for activities are left out for residents to use on the weekends. Group activity programs are run in each of the four main areas of the home.

Examples of group activities available for residents include bingo, scrap booking, movies, ice cream cart rounds, pet therapy, art and entertainments. Residents are informed of activities available through activity programs given out, activity programs on display and verbal reminders. Resident attendance at activities is recorded and evaluations of the activities provided are completed. Residents/representatives generally expressed satisfaction with the activities available and some residents said they are happy completing individual activities of interest to them in their rooms.

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 processes to value and foster residents' individual interests, customs, beliefs and cultural and linguistic backgrounds including assessment processes. Special celebrations are held for cultural and religious days such as ANZAC Day, Mother's Day,

Easter and Christmas. Staff advised that each resident has their birthday acknowledged with a card and singing happy birthday. A chaplain and a pastoral care worker attend the home regularly and an ecumenical church service is provided each week. Staff advised that a Roman Catholic priest attends the home and periodically holds a mass for residents. Staff also reported that Roman Catholic volunteers attend the home to provide holy communion for residents. Residents/representatives expressed satisfaction with the support the home provides for residents' cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home supports residents and/or their representatives to participate in decisions about the services provided and to exercise choice and control over their lifestyle.

Residents/representatives are informed of choices available and their rights through the information provided on entry to the home. This includes the resident agreement and the resident handbook. The Charter of Residents' Rights and Responsibilities and a range of brochures are on display. This includes brochures for an advocacy service. The home supports resident and/or representative input into the care and services through resident meetings, surveys, verbal discussions and comments and complaints mechanisms.

Management also provides an 'open door' policy. Examples of residents' choices for care and services include choice of participation in activities, choices of meals and choosing to self-medicate. Residents/representatives expressed satisfaction with the choices available and their control over the care and services available in the home.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has processes ensuring potential and new residents and representatives are provided with information on security of tenure, their rights and responsibilities and the choices available to them for care and services. A resident agreement is given to each resident and representative to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities, care and services provided, fees and charges, complaints handling, their security of tenure and the process for the termination of the agreement. Residents and representatives are advised to seek independent legal and/or financial advice prior to signing the agreement. Residents/representatives reported they are satisfied with the information the home provides regarding security of tenure and their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- Food focus groups for each area of the home have been established by catering management to provide residents/representatives with a forum to raise issues regarding food delivery, quality and the menu. The forums are held regularly and have led to a greater participation by residents in providing feedback on the meals provided by the catering staff. Since the introduction of the food focus groups there has been a reduction in complaints and concerns raised in relation to the food service.
- Residents and staff feedback identified that when it rains the pedestrian walkway between Boronia and Lewin Lodge becomes wet and slippery causing a hazard. Following completion of a risk assessment an awning has been erected so residents/representatives and staff can safely walk between the two areas when it has been raining. Feedback from residents/representatives and staff has been positive since the awning was erected.
- Following problems being identified with linen management at the home a stock impress system has been introduced in the laundry to ensure adequate levels of stock are maintained. In addition, colour coded linen for each area in the home has been introduced to assist in the management of stock and provide easy identification of stock levels for each area. Laundry staff advised the new system has assisted in streamlining the workflow, making delivery easier and more efficient.
- In line with corporate objectives a program of room refurbishment, including communal rooms has commenced. Resident rooms, including bathrooms, furniture and floor coverings are being progressively revamped. New furniture for the foyer and the library in Lewin Lodge has also been purchased improving the aesthetics and environment for all residents.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Four include:

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

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- Fire equipment and evacuation procedures
- Infection control
- Manual handling
- Chemical safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

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

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

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

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to promote the safety and security of residents, visitors and staff. These include emergency and fire evacuation policy and procedures as well as regular checks of the fire indicator panel and other fire safety equipment by an authorised contractor. Staff attend annual mandatory fire awareness, equipment and evacuation

procedure training. Fire safety and emergency flip charts are situated in close proximity to telephones. Fire evacuation signs and diagrams are displayed and the home has an emergency management plan. There are evacuation bags for each area with a current resident evacuation list and photographic identity. Staff stated they have received training and know how to respond in the event of the fire alarm sounding. Residents/representatives stated they feel safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control system for preventing, identifying, managing and minimising infections. The system includes policies and procedures, signage around the workplace, infection prevention strategies and surveillance and reporting processes. There are also procedures for hazard risk management, waste management and a food safety program. The home collects and analyses infection control data and the results are used to improve clinical outcomes for the residents. The kitchen, cleaning and laundry areas have effective infection control measures in place and interviews with staff demonstrated a commitment to, and understanding of, infection control principles and guidelines. All work areas provide sufficient and appropriate equipment to minimise infection risk. Staff interviews confirmed they have a working knowledge of outbreak procedures.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

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