



Australian Government

Australian Aged Care Quality Agency

Wontama Village

RACS ID 0126
27 Summer Street
ORANGE NSW 2800

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 02 October 2018.

We made our decision on 10 August 2015.

The audit was conducted on 30 June 2015 to 02 July 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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Wontama Village 0126

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

Introduction

This is the report of a re-accreditation audit from 30 June 2015 to 02 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 30 June 2015 to 02 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:	Rosemary Chaplin
Team member/s:	Philippa Clarke

Approved provider details

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

Details of home

Name of home:	Wontama Village
RACS ID:	0126

Total number of allocated places:	160
Number of care recipients during audit:	138
Number of care recipients receiving high care during audit:	120
Special needs catered for:	19 bed dementia unit

Street/PO Box:	27 Summer Street
City/Town:	ORANGE
State:	NSW
Postcode:	2800
Phone number:	02 6362 1211
Facsimile:	02 6361 7973
E-mail address:	hmobbs@unitingcarenswact.org.au

Audit trail

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

Interviews

Category	Number
Service manager	1
Clinical care manager	1
Manager of clinical governance (regional)	1
Residential operations manager (regional)	1
Hotel services procurement manager (regional)	1
Clinical nurse educator (regional)	1
Human resource consultant – head office	1
Organisational client admission officer	1
Learning and development operations manager	1
Clinical nurse educator	1
Hostel service manager	1
Health safety and wellbeing business partner	1
Registered nurses	3
Hostel clinical co-ordinator	1
Care recipients/representatives	21
Administration officers	2
Team leaders	5
Care staff	12
Physiotherapist	1
Medical officer	1
Reverend	1
Recreational activities officers	2
Volunteers	3
Contracted catering managers and staff	5
Contracted cleaning staff	3
Contracted maintenance managers and staff	4
Laundry staff	1

Sampled documents

Category	Number
Care recipients' files including assessments, care plans, progress notes, referrals, allied health and medical documentation and transfer information	18
Advanced care plans	8
Signed resident and accommodation agreements	6
Medication charts	14
Case conference records	11
Personnel files	7

Other documents reviewed

The team also reviewed:

- Care plan review schedules
- Care recipients' clinical monitoring charts including resident of the day monthly monitoring, blood glucose level, bowel, pain, blood pressure, wound, behaviour, weight, patch application
- Catering documentation: food safety program and refrigerator temperature records, menu, quality health and food safety audit, dietitian menu review, daily resident order form, customer comment book, resident preferences information in serveries and on medication trolleys
- Cleaning documentation: quality inspection reports, work method statements, chemical register, cleaning specifications and frequencies
- Comments and complaints records
- Education documentation: staff training calendar, attendance records, service learning plan, training evaluation forms, mentoring program documentation, learning and development matrix, training needs analysis, staff competencies and medication management staff education matrix
- Evacuation maps, fire and emergency manual, fire equipment checking records
- Handover sheets, daily allocation sheets, communication diaries, medical officers' communication books, physiotherapy communication book, faxes to medical officers and pharmacy
- Human resource management documentation: position descriptions and duty lists, staff handbook, staff rosters, performance improvement plan, employment kit, induction questionnaire, skills assessments, performance appraisal register, roster allocation sheet
- Infection control folder and monthly infection surveillance reports, infection data summaries and analysis, care recipients' vaccination records

- Leisure and lifestyle program and evaluations, evidence folder, activity recipes, photographic records of the activity program, bus trip risk assessments, recreational activity officers' documentation schedule
- Maintenance service reports from external contractors, maintenance log, preventative maintenance program, supply agreements, asset register, contractor compliance statements
- Medication refrigerators daily temperature recording sheets
- Medication reports and messages to the pharmacist on the electronic medication management system
- Memoranda folder
- Minutes of meetings for care recipients, staff and management
- Nursing care plans interventions folders containing interim care plans, continence folders
- Organisation chart
- Physiotherapy timetable, care plan review schedule and weekly one on one sessions plan
- Policies and procedures
- Quality management system documentation: continuous improvement logs, policies, procedures and forms, audit folders including schedules and results, employee satisfaction survey, monthly environmental and resident survey results and analysis, care recipients' incident reports and medication incident reports and monthly key performance indicators data trending and analysis
- Re-accreditation application self-assessment
- Regulatory compliance documentation: registered nurse, medical officers and allied health registrations, police check register, records of reportable and non-reportable incidents
- Resident handbook, admission kit, information package, services directory and monthly facility newsletter
- Resident lists
- Site safety activity planner, hazard report documentation, safety education session documentation, safety alerts
- Various signed care recipients' consent forms including for information sharing with a third party, media consent, medical, dental and allied health treatment, waiver and release form for ingestion of oral tablets and fluid
- Wontama Village redevelopment plan

Observations

The team observed the following:

- Activities, concert and exercise class in progress
- Annual fire safety statement on display
- Archiving room
- Care recipients' art and craft works displayed
- Charter of Residents' Rights and Responsibilities on display
- Chemical supplies and storage
- Church services program displayed throughout the home
- Clinical guidelines and instruction available to staff
- Diabetic emergency kit in the lift
- Duty statements available to staff
- Emergency and firefighting equipment, evacuation packs and contents
- Feedback mechanisms including internal feedback forms, secure suggestion box, external complaints and advocacy brochures available
- Hairdressing salons
- Handrails in corridors
- 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
- Interactions between care recipients, representatives, volunteers and staff
- Key pad security on doors
- Leisure and lifestyle program displayed throughout the home
- Leisure and lifestyle resources including those for self-directed activities
- Living environment - internal and external areas
- Manual handling charts and exercise charts in care recipients' wardrobes
- Meal and beverage service throughout the home
- Medication round with staff utilising the electronic medication management system
- Medication storage including locked rooms, refrigerators, secure trolleys, schedule 8 medication cupboards, emergency medication supplies, pharmacy packed medication,

expiry dates written on non-packed medication, opened dates written on eye drops, bottles and injectable medication

- New South Wales Food Authority Licence on display
- Notice boards – care recipient and staff areas
- Policies and procedures available to staff
- Quiet sitting room
- Re-accreditation notices on display
- Safety data sheets
- Secure storage of care recipient and staff files
- Short observation in the Kallara unit
- Staff areas including staff rooms, laundry, kitchen, utility rooms, offices and nurses' stations
- Supplies and equipment in use and in storage including mobility, pressure relieving and fall's minimising equipment
- Vision, purpose and values on display

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home works to actively pursue continuous improvement across all four Accreditation Standards. The system includes a range of inputs that drive continuous improvement activities including audit results and clinical indicators across the four Accreditation Standards, surveys results and outcomes of regularly scheduled care recipient and staff meetings and informal discussions with all stakeholders. Information collected is reviewed at various meetings at the home and at the organisation's executive level. Care recipients/representatives have access to several suggestion boxes for providing written and anonymous feedback to management. Care recipients/representatives confirmed they are aware of how to provide feedback to the home and are aware of recent improvement activities. Recent improvements relevant to Accreditation Standard One include:

- To improve communication between the activities officers and care staff regarding care recipient preferred activities a new activity attendance recording system was devised. RAO officers now enter progress notes into the home's electronic care management system regarding each care recipient's attendance at and enjoyment of scheduled activities. Recording these details in the care management system enables care staff to assist care recipients with activities that interest them outside of the formal activities program. New non-verbal evaluation sheets have been introduced to assist staff to record enjoyment level of care recipients who are unable to verbally express their enjoyment.
- A new Wi-Fi call bell system has been installed so all care recipients have access to an effective call bell system. Care recipients were advised of the new system one-to-one and during resident and representative meetings. The new system allows for computerised analysis of response times enabling management to identify whether care recipients are receiving timely assistance when needed.

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

Systems and processes ensure the identification and implementation of changes in legislation, regulatory requirements, professional standards and guidelines. Information is sourced in a variety of ways which include: subscription to a legislative update service, through industry related newsletters, from peak bodies, from State and Commonwealth government departments, from statutory authorities and the internet. Changes to legislation are notified to the home by the organisation’s residential operations manager disseminated to the home’s management team via email and meetings. Stake holders are informed of regulatory requirements and changes to legislation through meetings, handbooks, memorandum, notice boards and staff handovers. Examples relating to Accreditation Standard One include:

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

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

There are systems to ensure management and staff have appropriate knowledge and skills to effectively perform their roles. Staff are encouraged and supported to attend education sessions covering the four Accreditation Standards both internally and externally. The annual training calendar is developed and displayed for staff. Training needs are assessed based on compulsory training requirements, staff development needs, care recipient care and lifestyle needs, legislative changes, audit results and analysis of key performance indicators. The home has a large screen monitor enabling staff to participate in online interactive training sessions and audio visual sessions. Training attendance is recorded and evaluated through feedback and questionnaires. Staff informed us they are consulted regarding their training needs and are supported to attend certificate training and career development programs.

Examples of training and education sessions relating to Accreditation Standard One include:

- Aged care funding instrument, conflict management, code of ethical behaviour, problem solving, stock orders and management, strategic plan.

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

Information about internal and external complaint mechanisms is provided to care recipients and/or their representatives on entry to the home through the resident information handbook, in the resident agreement and as part of care recipients' orientation to the home. Information is also communicated on a regular basis through care recipient meetings and information displayed throughout the home. A review of the complaints register and associated documentation demonstrates that issues are investigated, analysed and responded to in a timely manner. There is a system for making confidential complaints. Care recipients, their representatives and staff confirm an awareness of the mechanisms by which comments, complaints, or suggestions can be made.

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

Statements about the organisation's mission, vision and values are consistently displayed within the home and documented in the home's publications including the resident and staff handbooks. The organisation's vision, purpose and values are used to guide ongoing quality improvement. The organisation's commitment to quality is evident through development of policy, procedures and provision of education to guide the practices of management and staff.

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 in place to ensure the home has sufficient appropriately skilled and qualified staff to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. Policies and procedures which guide human resources' practices are accessible to staff. Recruitment processes include professional registrations, police certificates and reference checks. Orientation training and buddy shifts are conducted and performance reviews are in place. Rosters are developed fortnightly in advance and a review of rosters confirmed that absent staff are replaced. Relief arrangements include the use of permanent part time and casual staff. Staffing levels are flexible and are monitored in line with care recipients' specific care needs and related dependencies. Care recipients and representatives report satisfaction with the skills and professional approach of all staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home ensures there are stocks of appropriate goods and equipment to provide a quality service through systems of monitoring stock supply, maintenance and purchasing. Audits and stocktaking processes assist in monitoring stock supply. A routine and preventative maintenance program ensures that all equipment is regularly checked and serviced. Care recipients/representatives and staff said that they are satisfied with the provision of stock and the maintenance of equipment.

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

Effective systems to provide access to current information for all stakeholders are available. Feedback, audits and survey results provide information to management about the home's performance. Staff are informed by the orientation pack, staff handbook, position descriptions and duties lists and have access to current policies, procedures and forms. Updated information for staff is available through handovers, care documentation, communication books, memoranda, noticeboards and meetings. The resident and accommodation agreement and orientation pack inform care recipients and representatives and updated information is provided through meetings, newsletters and noticeboards. Electronic information is password protected and backed up. There are systems for archiving and documentation destruction to ensure confidentiality of care recipient information. Care recipients/representatives and staff interviewed believe they are kept informed.

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 criminal history checks. The home has a preferred supplier/contractor list, several of whom have been approved at an organisation level. A range of allied health professionals and a hairdresser 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, audits and feedback. 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

The home's systems for actively pursuing continuous improvement are described under expected outcome 1.1 Continuous improvement. Examples of recent improvements relevant to Accreditation Standard Two include:

- Management converted a double bedroom into a palliative care room. The large private room provides a private space for palliating care recipients previously residing in shared bedrooms. The room has been redecorated in calming colours, and fitted with a bar fridge, arm chair, table and chairs, television and tea and coffee making facilities. The room provides privacy for the care recipient and their representatives. Management have received very positive feedback since converting the room.
- An internal audit identified improvement opportunities in the home's processes for oral and dental management. Management introduced a colour coded seasonal toothbrush replacement program for all care recipients to ensure each person's dental care is undertaken using clean and fresh equipment. Laminated colour coded charts have been placed in each nurses station to assist care staff with following the replacement program.
- To ensure optimum levels of mobility and dexterity are achieved for all care recipients the home contracted a physiotherapist for four days per week. The physiotherapist conducts and reviews all mobility assessments for care recipients, reviews each fall, provides massages and holds exercise classes four days a week. Since the physiotherapist started in February 2015, improvements have been noted in care recipients' mobility and dexterity.

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

Systems to identify and ensure compliance with all relevant legislation and regulatory requirements are described under expected outcome 1.2 Regulatory compliance. Examples relating to Accreditation Standard Two include:

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

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Systems to ensure management and staff have appropriate knowledge and skills to perform their roles effectively are detailed under expected outcome 1.3 Education and staff development. Examples of training and education sessions relating to Accreditation Standard Two include:

- First aid, diabetes management, Parkinson’s disease, elder abuse, nutrition and hydration, wound care, oral care, sensory loss, bowel management.

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 systems, processes, policies and procedures to ensure care recipients receive appropriate clinical care. A comprehensive program of assessments is completed when a care recipient moves into the home and as required during their stay. Individualised care plans are formulated, reviewed and updated by a registered nurse regularly and as required. Care is planned in consultation with the resident and their representative, the care recipient’s medical practitioner and allied health professionals. Staff have a sound understanding of the clinical care process. The home has appropriate supplies of equipment and resources are maintained in good working order to meet the ongoing and changing needs of care recipients. Care recipients and representatives are satisfied with the clinical care provided and care recipient representatives state they are informed of changes in the care recipient’s condition and care needs.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has processes to identify the specialised nursing care needs of care recipients and care interventions are met by appropriately qualified staff. Treatment regimens guide staff practice in relation to oxygen therapy, catheter care, diabetes management, anticoagulation therapy, stoma care and complex wound management. Staff are provided with education and training in relation to specialised nursing care and external consultative services and equipment are accessed if necessary. Care staff have an awareness of interventions such as observation and reporting responsibilities that assist registered nurses and ensure the specialised nursing care needs of care recipients are met. Care recipients requiring specialised nursing care are satisfied with the care provided.

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 recipients are referred to appropriate health services in accordance with their needs and preferences. Staff identify and assess care recipients’ needs and referrals are made for medical and/or allied health professionals’ assessment and management as needed. Care documentation showed that referrals have been initiated and recommendations for care and management are recorded and communicated to relevant staff. Implementation of care is monitored and the effectiveness of care is evaluated. Care recipients/representatives confirm care recipients are referred to appropriate specialists as needed.

2.7 Medication management

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

The home has processes to manage care recipients’ medication safely and correctly by appropriately qualified staff. Registered nurses and competency tested team leaders administer medications according to the home’s policy. Medication orders are prescribed by medical officers and dispensed by pharmacy services. Medication charts reflect identification, allergies and specific administration instructions. There are processes to manage ‘as required’ (PRN) medications, injectable and schedule eight medications. The safety of the medication management system is monitored through the electronic management system reports, scheduled audits and analysis of any medication related incidents which are reviewed by the medication advisory committee. Staff receive education and support in medication management. Care recipients are satisfied with the management of medications, as well as with the assistance and support provided.

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 implements a pain management system which ensures all care recipients are as free from pain as possible. Pain assessments are completed when the care recipient first moves into the home and staff said they are reviewed if the care recipient’s pain experience changes. A multidisciplinary approach, care staff and physiotherapy involvement, supports individual care recipient’s pain management programs. The home offers a combination of treatment options to manage care recipients’ pain, which includes heat, massage and exercise. Care recipients say the care provided at the home relieves their pain or it is managed so they are comfortable. Care recipients are assessed during care and medication rounds to ensure they do not have pain and to treat any pain they may have.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure that the dignity and comfort of care recipients who are terminally ill are maintained in consultation with care recipients and their representatives. Staff receive education about managing the palliative care needs of care recipients and have access to appropriate health professionals for advice and assistance. Consultation with a palliative care team and visiting medical practitioners ensure regular reviews of treatments and interventions. Advance care planning is encouraged and care recipients and representatives are consulted about palliative care needs and preferences including physical, emotional, cultural, religious and spiritual needs. Care recipients/representatives confirm the home’s practices maintain care recipients’ comfort and dignity.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home demonstrates care recipients receive adequate nutrition and hydration. Regular assessments of care recipients’ dietary and hydration preferences and needs are documented on assessment forms and plans of care. Individual needs and preferences and any special dietary requirements are identified and communicated to relevant staff. Care recipients’ weights are monitored and extra supplements and nutrients are offered to care recipients identified with poor, or at risk of poor nutritional status. There is consultation with care recipients and relevant others such as medical officers, dietician and speech pathologist about nutrition and hydration needs and strategies to ensure these are effectively meet. Care

recipients confirm they are satisfied with the home's approach to meeting their nutrition, hydration and associated needs.

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 care needs are assessed and documented in care plans which describe the treatments used to manage their skin conditions. Breaks in skin integrity are recorded and reported through the incident reporting processes and if trends are identified, strategies are adopted to prevent recurrence. Wound treatment charts outline wound management strategies and instructions within the treatment charts are effective in facilitating continuity of care. Pressure relieving and protective equipment is available and used as needed. A range of dressing products and aids to promote and maintain skin integrity is available. Podiatry and hairdressing services are available at the home and care staff are provided with skin care and manual handling training. The effectiveness of the skin care delivered in meeting the needs of care recipients is regularly evaluated and reviewed. Care recipients confirm they are satisfied with the skin care provided by the home.

2.12 Continence management

This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings

The home meets this expected outcome

Care recipients' urinary and faecal continence needs are assessed over several days on their entry to the home, at regular intervals following this assessment and when required. Care plans are developed based on the assessed needs of the care recipient. Documentation provides staff with information about the type of continence aid used and toileting times of care recipients. Care recipients' individual continence management programs are communicated to care staff and the effectiveness of the programs in meeting care recipients' needs is evaluated. Incidences of urinary tract infection are recorded and staff provide extra fluids during the summer months. Care recipients/representatives are satisfied with the continence care provided.

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 through assessment and the identification of triggers, trends and effective interventions. Care plans outline preventive and management strategies for care recipients with challenging behaviours. Staff demonstrate they are attentive to care recipients' needs and respond appropriately to care recipients exhibiting challenging behaviours. The leisure and lifestyle program is also

used to assist in the management of challenging behaviours including reminiscent therapy and programs which support care recipients' past skills. The effectiveness of behaviour management strategies is regularly evaluated. Care recipients/representatives confirm they are satisfied with the management of behaviour and the care provided.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home has policies and practices to optimise the mobility and dexterity levels of care recipients. Initial and ongoing assessments of mobility and dexterity are performed by appropriate health professionals and reviewed on a regular basis. Care recipients/representatives and relevant allied health professionals are consulted about the mobility and dexterity needs of care recipients. A physiotherapist visits the home four days a week and reviews all care recipients' mobility, formulates mobility and manual handling plans and implements exercise programs. Staff are provided with mandatory training in manual handling techniques. Falls risk assessments are conducted and appropriate equipment and supplies are available for the management of care recipients' mobility and dexterity needs.

Care recipients/representatives confirm they are satisfied with the home's approach to optimising care recipients' 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 assessment and documentation of care recipients' oral and dental needs are undertaken on their entry to the home and reviewed as required. Care recipients are referred for specialist medical and/or dental services for more detailed assessment and management in accordance with their needs and preferences. Care strategies to effectively maintain care recipients' oral and dental health are developed, communicated to staff and implemented.

Staff interviews demonstrate they are knowledgeable about the oral and dental care needs of care recipients and the level of assistance required maintaining oral hygiene. Care recipients/representatives are satisfied with the oral and dental care provided by the home.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Information about each care recipient's care needs in relation to hearing, vision and speech is collected through the initial and ongoing assessment processes. Care interventions reflect

identified personal preferences and sensory needs and are linked with other relevant care plans such as hygiene and leisure activities. Care recipients are referred to specialists including audiologists, optometrists and speech pathologist as needs indicate and in consultation with the care recipient and representative. The recreational activity program includes activities and resources to assist care recipients with sensory stimulation inclusive of taste, touch and smell. Care recipients with identified sensory loss issues are satisfied with the individualised management strategies and the assistance provided by staff.

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’ normal sleep patterns and assistance required to achieve natural sleep are identified and assessed in consultation with the care recipient and representative. Care strategies are developed, communicated to staff and implemented in response to care recipients’ needs and preferences. Staff provide assistance when care recipients have difficulty sleeping which includes the provision of refreshments and snacks, attending to hygiene cares and re-positioning if required. Pharmacological intervention is available as prescribed by the care recipients’ medical officers. Care recipients are satisfied with the assistance offered to facilitate sleep and the night time environment of the home.

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

The home’s systems for actively pursuing continuous improvement are described under expected outcome 1.1 Continuous improvement. Examples of recent improvements relevant to Accreditation Standard Three include:

- To provide some private space for care recipients residing in shared bedrooms, a store room was converted to a quiet sitting room. The equipment stored in the room was housed elsewhere and the room was painted and fitted with lounge chairs and a coffee table. The room provides a quiet space for private conversations, quiet time or relaxation. The room is well used.
- After identifying that several care recipients enjoyed participating in craft in their own time, a double bedroom was transformed into an additional activities room, redecorated and fitted with craft supplies. The room encourages independence by allowing care recipients and their representatives to participate in craft, card games or board games in a smaller activities space whenever they desire. Staff have received positive feedback regarding the care recipients’ use of the new room and its supplies.

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

Systems to identify and ensure compliance with all relevant legislation and regulatory requirements are described under Expected outcome 1.2 Regulatory compliance. Examples relating to Accreditation Standard Three include:

- A confidentiality agreement is signed by all staff.
- The charter of care recipients’ rights and responsibilities is displayed in the home.
- The home has processes for managing reportable assaults and maintaining appropriate records.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Systems to ensure management and staff have appropriate knowledge and skills to perform their roles effectively are detailed under expected outcome 1.3 Education and staff development. Examples of training and education sessions relating to Accreditation Standard Three include:

- Lesbian, gay, bisexual, transgender and intersex education, Aboriginal and Torres Strait Islander peoples cultural appreciation, privacy and dignity, choice and decision making.

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".

The home has systems to ensure each care recipient is supported adjusting to life when they enter the home and on an ongoing basis. Care and recreational activities staff spend one to one time with care recipients during their settling in period and thereafter according to the care recipient's needs. The home's reverend and pastoral volunteers are available to offer support to care recipients. The entry process includes gathering information from care recipients and/or their representatives to identify care recipients' existing care and lifestyle preferences. Feedback about care recipients' levels of satisfaction with the provision of emotional support is gained through meetings, audits and care recipient surveys. Care recipients expressed satisfaction with the level of emotional support and the assistance provided to them on entry to the home and on an ongoing basis.

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 care residential care service".

Team's findings

The home meets this expected outcome

Care recipients are encouraged to entertain at the home and visitors are made to feel welcome. Private areas are available to facilitate small group gatherings. Staff facilitate care recipient participation in the local community, for example, through the arrangement of regular bus trips and participation in activities within the wider community such as the local men's shed. Many community groups visit the home including entertainers, special interest groups and school children. Regular exercise programs assist care recipients to maintain their mobility levels and independence. Care recipients are able to decide whether they wish to remain on the electoral roll and assistance is provided to them to vote if they wish to do so. Observations and interviews confirm staff promote care recipients' independence when assisting with activities of daily living. Care recipients stated they are satisfied with the opportunities available to them to participate in the life of the community 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 has systems to ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Care recipients' care plans and progress notes provide evidence of consultation regarding their preferences for the manner in which care is provided. Care recipients' individual preferences are documented and known by staff. Care recipient records are securely stored and each member of staff has a unique log in password to access the computerised care management program. Observations confirm staff address care recipients in a respectful manner by their preferred names. Staff were observed to knock on care recipients' room doors before entering. Care recipients/representatives informed us they are satisfied with the way in which the care recipients' privacy and dignity needs are met.

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 ensure care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Lifestyle, leisure and social history assessments are undertaken when care recipients move into the home. Care plans are developed and evaluated regularly. Recreational activity staff plan monthly activity calendars which include a variety of events and activities in consultation with care recipients. One on one activity is included in the calendar to cater for those who prefer not to attend group activities. Various activity resources such as movies, books and puzzles are available for self-directed activities. The recreational activity staff document care recipient participation in activities to assist with the evaluation of the effectiveness of the program. Care recipients' feedback is sought through care recipient meetings, surveys and discussion with staff regarding the activity program. This information is evaluated to make improvements to the program on an individual and group basis. Care recipients informed us they enjoyed the activities and particularly enjoyed the art and craft groups, pamper sessions, word games, bus trips, bingo and the visiting entertainers.

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

Care recipients are assessed on entry to the home for their individual customs, beliefs and cultural and ethnic backgrounds. Spiritual services from a variety of denominations are provided regularly for care recipients to attend if they wish to do so. The home's reverend is available to offer individual spiritual support, group services and support to families if required.

Specific cultural days such as ANZAC Day, Australia Day, Mother's Day, Remembrance Day, Christmas and Easter are commemorated with appropriate festivities. Each month care recipients' birthdays are celebrated. Recreational activity staff and care staff have knowledge of and respect for the care recipients' individual backgrounds and beliefs. Care recipients/representatives informed us they are satisfied with the cultural and spiritual life offered to care recipients at the home.

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 has systems to ensure care recipients participate in decisions about the services they receive and are able to exercise choice and control. Mechanisms providing this include consultation when planning provision of care and services, care recipients' meetings, surveys and through the comments and complaints processes. Care recipients informed us they are involved in decisions about their care routines and their participation in the activity program. Care recipients' choice of medical officer and allied health services is respected. Care recipients have personalised their rooms with memorabilia and items of their choosing, including small pieces of furniture. Care recipients/representatives informed us they are happy with the level of choice and decision making offered to care recipients.

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 is able to demonstrate care recipients have secure tenure within the home and understand their rights and responsibilities. The organisations client admissions team and the home's management team provide and discuss relevant information about security of tenure and residents rights and responsibilities with all new care recipients. The resident and accommodation agreement outlines the care and services provided by the home, associated costs, conditions of occupation and residents' rights and responsibilities. The Charter of Residents' Rights and Responsibilities is displayed throughout the home. Care recipients interviewed said that they feel secure in their residency within the home and confirm awareness of 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

The home’s systems for actively pursuing continuous improvement are described under expected outcome 1.1 Continuous improvement. Examples of recent improvements relevant to Accreditation Standard Four include:

- To improve the dining experience care recipients were invited to a tasting for the new seasonal menu. Care recipients had the opportunity to sample the proposed new menu and provide feedback. The catering manager renamed several of the more complex menu items after care recipients requested the menu terminology be simplified. Care recipients report they enjoyed the tasting opportunity and appreciate contributing to the development of each new menu.
- A mock fire evacuation held shortly after lunch time, identified that it was difficult to safely and quickly move care recipients in wheelchairs and water chairs through the dining room. The catering trolleys were identified as the main obstacle so management purchased and installed several large cupboards to allow the trolleys to be stored inside them against the dining room wall. Storing the trolleys in the cupboards ensures a safe exit path in case of emergency and also improves the dining environment for care recipients.

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

Systems to identify and ensure compliance with all relevant legislation and regulatory requirements are described under Expected outcome 1.2 Regulatory compliance. Examples relating to Accreditation Standard Four include:

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

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Systems to ensure management and staff have appropriate knowledge and skills to perform their roles effectively are detailed under expected outcome 1.3 Education and staff development. Examples of training and education sessions relating to Accreditation Standard Three include:

- Infection control, food hygiene, manual handling, work health and safety, hand hygiene, hazardous chemicals, emergency preparedness and fire training.

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

Management of the home is actively working to provide a safe and comfortable environment consistent with care recipients' care needs. Care recipients are accommodated in a mix of single, double and four share bedrooms some with ensuite bathrooms. Appropriate furniture is provided for care recipients and they are encouraged to personalise their room. Care recipients have access to safe outdoor and garden areas. There are security measures and maintenance programs to promote care recipients' comfort and safety. In addition, call bells are installed in care recipient rooms and handrails are located along corridors. The temperature is maintained at a comfortable level throughout the home. The environment is monitored through audits, hazard reporting mechanisms and direct feedback from staff, care recipients and representatives. Care recipients and representatives expressed satisfaction with the safety and cleanliness of the home's environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home's management team actively work to provide a safe working environment that meets regulatory requirements. The work, health and safety committee, supported by the organisation's health safety and wellbeing department, work to ensure the living environment for care recipients and the staff work environment is safe through a variety of monitoring processes. The monitoring processes include audits, observation and monitoring of incidents and clinical data. Staff receive training and highlight risks and hazards through the maintenance, incident and hazard reporting systems and are aware of safe work practices.

Personal protective equipment is readily available for staff. Staff members 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 emergency and evacuation training. There is evacuation information which ensures vital information is available to staff in an emergency. There are security procedures to ensure the building is secure at night. 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 an effective infection prevention and control program. Staff demonstrated awareness of standard precautions and the availability of personal protective equipment and colour coded equipment was observed in all areas. Infection control training and hand washing assessments are completed at orientation and conducted annually, and staff have access to guidelines and procedures. A food safety program, cleaning schedules and laundry practices follow infection control guidelines. Outbreak management resources are available and hand wash basins, hand sanitising gels and spill kits are accessible. An influenza vaccination program is available for care recipients and staff.

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

Hospitality services provided are designed to meet the needs of the care recipients and enhance their quality of life. The contracted catering staff cook fresh on a daily basis. A seasonal rotating menu provides choice and variety of meals and caters for special diets. The individual needs and preferences of care recipients are accommodated within the menu. Care recipients said they enjoy the meals and have input into the menu. The home uses external contractors for cleaning seven days per week. The cleaning schedule includes periodic detailed cleaning. We observed the home to be clean and care recipients/representatives said they are satisfied with the results. Laundry services are completed on site for care recipient's personal clothing. Linen is managed by an external contractor off site. Clothing is labelled to

minimise any losses and there is a system for the management of misplaced clothing. The hospitality services are monitored through satisfaction surveys, audits, meetings and other feedback mechanisms of the home.