

Bill King Aged Care Facility

RACS ID: 0525

Approved provider: Port Stephens Veterans and Citizens Aged Care Ltd

Home address: 44 Farm Road FINGAL BAY NSW 2315

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| 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 07 June 2020.We made our decision on 24 April 2017.The audit was conducted on 21 March 2017 to 22 March 2017. The assessment team’s report is attached. |
| We will continue to monitor the performance of the home including through unannounced visits. |

# Most recent decision concerning performance against the Accreditation Standards

## Standard 1: Management systems, staffing and organisational development

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

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

Principles: 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 Met

2.2 Regulatory compliance Met

2.3 Education and staff development Met

2.4 Clinical care Met

2.5 Specialised nursing care needs Met

2.6 Other health and related services Met

2.7 Medication management Met

2.8 Pain management Met

2.9 Palliative care Met

2.10 Nutrition and hydration Met

2.11 Skin care Met

2.12 Continence management Met

2.13 Behavioural management Met

2.14 Mobility, dexterity and rehabilitation Met

2.15 Oral and dental care Met

2.16 Sensory loss Met

2.17 Sleep Met

## Standard 3: Care recipient lifestyle

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

3.1 Continuous improvement Met

3.2 Regulatory compliance Met

3.3 Education and staff development Met

3.4 Emotional Support Met

3.5 Independence Met

3.6 Privacy and dignity Met

3.7 Leisure interests and activities Met

3.8 Cultural and spiritual life Met

3.9 Choice and decision-making Met

3.10 Care recipient security of tenure and responsibilities Met

## Standard 4: Physical

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 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



Audit Report

Name of home: Bill King Aged Care Facility

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# Introduction

This is the report of a Re-accreditation Audit from 21 March 2017 to 22 March 2017 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.

During a home’s period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

# 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 this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 21 March 2017 to 22 March 2017.

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.

# Details of home

Total number of allocated places: 52

Number of care recipients during audit: 49

Number of care recipients receiving high care during audit: 49

Special needs catered for: Dementia specific

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| General manager | 1 |
| Manager care services | 1 |
| Care coordinator | 1 |
| Manager support services | 1 |
| Registered nurses | 3 |
| Infection control coordinator | 1 |
| Physiotherapist/occupational therapist | 2 |
| Care recipients/representatives | 14 |
| Care staff | 7 |
| Diversional therapist/activity staff | 4 |
| Volunteers | 3 |
| Laundry staff | 1 |
| Cleaning staff | 1 |
| Maintenance officer | 1 |
| Residential care administration clerk | 1 |
| Organisational educator | 1 |
| Educators | 2 |
| External human resources advisor | 1 |
| Chef | 1 |
| Catering staff | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ files | 10 |
| Summary care plans | 14 |
| External contractor agreements | 3 |
| Medication charts | 9 |
| Care recipient agreements  | 3 |
| Personnel files including confidentiality agreements and statutory declarations | 4 |

## Other documents reviewed

The team also reviewed:

* Activity programs, participation records, evaluations, feedback forms
* Admissions policy, check list, respite documentation
* Care recipient hard copy document files, information handbook, welcome pack, surveys
* Care recipient dietary requirements forms, menu with choices, dietician review, care recipient dietary needs matrix, servery temperature tick sheets, food safety program
* Clinical: care plan review dates, care plan assessment list, audits, hospital discharge notes; diabetic management assessment, safety incident reports, handover reports, pathology reports, clinical indicator data, handover sheets
* Compliance schedule, action plans, peak body documentation, police certificate matrix, professional registrations log, mandatory reporting log, food safety program, current fire safety certificate
* Continuous improvement system including: continuous improvement plan, quality schedule and audits, benchmarking reports, monthly governance reports, annual summary reports, feedback summary reports, internal audit checklist and reports
* Education program including: orientation program, orientation checklist, training calendar, signed and electronic attendance records, evaluations, questionnaires, competency assessments
* Electronic care system: clinical and lifestyle assessments, care plans, progress notes, staff tasks, health monitoring; charts: activities of daily living, vital observations, wound, pain monitoring, bowel, blood glucose level, weights, behaviour, staff work computer generated work logs
* Equipment orders, standing orders preferred suppliers
* Fire safety equipment inspection and testing schedules and monthly records, annual fire safety statement, emergency/disaster manual and guidelines
* General cleaning schedules, daily cleaning checklists, kitchen and laundry cleaning schedules and daily check sheets, kitchen cleaning invoices
* Human resources management documentation including: position descriptions including code of conduct, duties lists, police certificate register, record of professional registrations, allocation sheets, employee information pack, performance reviews, staff needs analysis, and employee satisfaction survey, staff handbook
* Infection control; staff and care recipients’ vaccination records, monthly infection data sheets, monthly antibiotic usage reports, infection surveillance program, infection prevention and control manual, vaccination guidelines, pest control records, infection surveillance data
* Letters of appreciation from representatives
* Maintenance manual, preventative maintenance logs, weekly maintenance reports, hazard reports, contractor contact details and service records, maintenance duty list including equipment cleaning
* Medication incidents, medication refrigerator temperature records
* Meeting schedule, meeting calendar and meeting minutes including carers, quality, nurse unit managers, staff forum, essentials of care governance, communication diaries, staff memo's
* Physiotherapy treatment records, referrals
* Policies and procedures, updated medication policy
* Restraint authorisations
* Self-assessment for reaccreditation site audit
* Specialist and allied health reports
* Staff memorandum and messages, staff intranet information pages
* Work health and safety documentation including: environmental audits, monthly reports, meeting minutes, maintenance requests, hazard identification log, risk assessments, action plans

## Observations

The team observed the following:

* Activities in progress, photographs of events, activity program displayed
* Colour coded cleaning equipment, staff wearing appropriate personal protective equipment, hand washing basins and gel, infection control posters, spill kits, outbreak kit, secure infectious waste system
* Comments and complaints and advocacy brochures displayed, locked suggestion box
* Document destruction bin, archive room
* Drink and snack machine
* Equipment and supply storage areas
* Evacuation kit, emergency exits, evacuation plans displayed, emergency flipcharts, keypad entry/exit, secure walking pathways
* Handover between shifts
* Interactions between staff and care recipients
* Living environment
* Meal serving and staff assisting care recipients to eat and drink, menu with choices displayed
* Short group observation
* Storage of medications, medication rounds, medication storage, random medication expiry dates, eye treatment opening dates
* Whiteboards and noticeboards

# 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 services, 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 organisation supports a management structure and quality framework for the pursuit of continuous improvement. Areas for improvement are identified through input from all stakeholders using mechanisms that include: improvement logs, regular meetings, feedback mechanisms, a program of audits and surveys, and analysis of monitoring data. All opportunities for improvement that are identified are recorded on a continuous improvement plan that enables the planning, implementation and evaluation of the improvements. This process is coordinated by the management team. Care recipients/representatives and staff are encouraged to actively contribute to the process and those interviewed report they are aware of the ways they can make suggestions for improvement. They say management is responsive to suggestions and they are consulted and kept informed about improvements at the home.

* In 2016, the organisational five year strategic plan was due for renewal. Following consultation with external risk management providers, and senior staff, risks across the organisation were identified, and a new three year plan has been developed. The new plan was ratified by the board in July, 2016. Each business unit developed an individual business plan for care services at the Bill King Aged Care facility. The outcome is that all objectives set by the facility are now in line with the organisational strategic plan. The plan has been disseminated through the operational governance meetings, care services meetings, staff and care recipient newsletters. The plan was also presented to members of the company at the annual general meeting in September, 2016.
* While reviewing the strategic plan, management identified a lack of leadership training for all key personnel. An external human resource provider has since delivered a five week leadership program of workshops to ten key staff in the facility. The program increased staff knowledge of good two way communication within teams, and covered self-awareness, vision and direction, ways to assist staff to feel valued, and team building skills. A further ten key staff will complete the program in April, 2017.
* Human resource (HR) management has been outsourced, and management now have a HR management support advisor on site four days a week. Access to, and support by the client relationship manager, as well as the industrial relationship specialist is available as needed. The HR company has assisted in establishing a framework to support managers, and reviewed and updated HR policies and procedures, as well as a social media and leave policy, and a formal recruitment process. Management said these systems ensure the most appropriate staff possible are recruited to work within the organisation.
* Following a complaint in 2016, management formed a working party to review the entire admission process. Process mapping has been completed which reviewed information provided and the communication process, as well as documentation provided to prospective care recipients/representatives from the initial contact stage. A new admissions policy and procedure, including a new care recipient admission check list and prompt sheet for clinical staff have been developed. These changes have resulted in improved communication with families, and a new comprehensive respite brochure, and residential respite information pamphlet. The changes ensure care recipients and/or their families have the most appropriate information possible, to assist them to make decisions regarding respite care or permanent admission to the facility.

### 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

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

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

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

### 1.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

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

Education and training relating to Accreditation Standard One included such topics as:

* E-learning platform
* Team leader course
* Leadership workshops

### 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

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

### 1.5 Planning and leadership

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

#### Team’s findings

The home meets this expected outcome

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

### 1.6 Human resource management

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

#### Team’s findings

The home meets this expected outcome

Management has systems to ensure there are appropriately skilled and qualified staff to meet the needs of the care recipients. New staff are screened through the recruitment process to ensure they have the required skills, experience, knowledge and qualifications for their roles. The orientation and education program provides staff with further opportunities to enhance their knowledge and skills. There are position descriptions for all roles and policies and procedures provide guidelines for all staff. The staffing mix and levels are monitored by management to meet care recipients’ needs and any vacancies that arise in the roster are filled. The performance of staff is monitored through annual appraisals, competencies, meetings, audits, the feedback mechanisms of the home and ongoing observation by management. Staff interviewed said they have sufficient time to complete their designated tasks and meet the needs of care recipients. Care recipients/representatives report their satisfaction with the care provided by the staff.

### 1.7 Inventory and equipment

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

#### Team’s findings

The home meets this expected outcome

Bill King Aged Care Facility demonstrated it has a system to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. The home enters into service agreements with approved suppliers and there are processes to identify the need to re-order goods, address concerns about poor quality goods, maintain equipment in safe working order and replace equipment. Maintenance records show equipment is serviced in accordance with a regular schedule and reactive work is completed in a timely manner. We observed adequate supplies of goods and equipment available for the provision of care, to support the lifestyle choices of care recipients and for all hospitality services. The system is overseen by the management team and monitored at management and organisational level, as well as through regular audits, surveys, meetings and the feedback mechanisms of the home. Staff confirm they have sufficient stocks of appropriate goods and equipment to look after care recipients and are aware of procedures to obtain additional supplies when needed.

### 1.8 Information systems

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

#### Team’s findings

The home meets this expected outcome

There are information management systems to provide management and staff with information to perform their roles effectively and keep care recipients/representatives well informed. A password protected computer system facilitates electronic administration and access to the internet, the organisation’s intranet and e-mail communication. Policy and guidelines and position descriptions clearly outline correct work practices and responsibilities for staff. Care recipients’ representatives receive comprehensive respite/admission information when they come to the home and on an ongoing basis. Mechanisms for communication between and amongst management and staff include meetings, memoranda, electronic messages, communication books, handover, feedback and reporting forms, and noticeboards. All personal information is collected and stored securely and electronic records are regularly backed up. There are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and care recipients/representatives report they are kept well informed and consulted about matters that impact on them.

### 1.9 External services

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

#### Team’s findings

The home meets this expected outcome

There is a system to ensure all externally sourced services are provided in a way that meets the home’s needs and service quality goals. Service agreements are entered into with contractors for the provision of services and all external service providers are required to have current licences, insurance and comply with relevant legislation and regulatory requirements. There are schedules for all routine maintenance work to be undertaken by contractors and there is a list of approved service providers who are used on a needs basis. Care recipients are able to access external services such as hairdressing, podiatry and other allied health professionals. The services provided are monitored by management at a local and organisational level through regular evaluations, audits and feedback. There is a system for managing non-conformance of service providers. Care recipients/representatives and staff interviewed say they are satisfied with the external services provided.

**Standard 2 – Health and personal care**

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

### 2.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement. The home demonstrates it is actively pursuing continuous improvement in relation to Accreditation Standard Two and examples include:

* An industry alert was discussed at the Medication Advisory Meeting (MAC). Following discussions, management have developed the ‘management of fall with evidence of head injury’ flowchart, as a guideline to relevant staff. The documentation also provides guidelines to staff regarding hospital transfers. Management said the guidelines provide improved safety for care recipients.
* Following complaints at another of the organisation’s sites, gaps in staff knowledge regarding pressure injury management were identified. A mandatory self learning package has been developed, and 100% of staff have completed the module over the past few months. The course covers the prevention and management of pressure injuries. Staff also complete a hard copy questionnaire which is reviewed by the clinical educator. Feedback, particularly from Certificate 1V staff is that staff have a greater understanding of pressure injuries, their cause, and appropriate prevention and treatments.
* Following the employment of a new contract physiotherapist, gaps were identified in the pain management process. Staff were completing pain assessment scales, but not always entering this data into the electronic care program. The home’s educator has since provided education on pain management and assessment documentation to relevant staff. The facility has joined a recognised pharmaceutical pain management program, and expressions of interest for staff to be trained as pain management champions have been sent out. The facility is also advertising internally for a pain management registered nurse 24 hours per week. Management said these improvements will provide best practice pain management across the organisation.

### 2.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Examples of regulatory compliance with Accreditation Standard Two include:

* The home has a policy and procedures for the notification of unexplained absences of care recipients and maintains a register for recording these absences. The home demonstrates registered nurses have responsibility for care planning of high level care recipients in accordance with regulatory requirements.

### 2.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

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

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

* Palliative care
* Pain management
* Dementia care including behaviour 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

Bill King Aged Care Facility provides appropriate clinical care for care recipients. The clinical system is overseen by an organisational clinical governance committee with day to day care provision monitored by the care coordinator. Registered nurses are rostered 24 hours a day seven days a week. Multidisciplinary clinical assessments, the care recipient’s medical history and consultation with the care recipient and representatives provide information for care planning. Registered nurses liaise closely with local doctors and specialists; and ensure care plans are updated with new information and are reviewed regularly. Individualised care plans reflect the care provided by staff. Health monitoring of vital observations including weight are conducted monthly or more often if required. Accidents and incidents are reported, documented and followed up to reduce the risk of reoccurrence. Care recipients /representatives are satisfied with the clinical care provided.

### 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 care coordinator and registered nurses oversee and provide specialised nursing care. Care recipients with specialised nursing care needs and preferences are identified through clinical assessment, review of their medical history and consultation with doctors, health professionals, care recipients and representatives. Specialised nursing care provided by the home includes catheter management, palliative care, oxygen therapy, pain management and complex wound care. Care recipients/representatives are satisfied with the specialised nursing care provided at 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 provides referral to appropriate specialists and other health care professionals according to each care recipients’ needs and preferences. Registered nurses oversee referrals and follow up after appointments to ensure changes to care are provided and care plans are updated. An occupational therapist works on site four days a week and physiotherapists visit the home to assess and plan treatment for care recipients on a referral basis. A podiatrist provides regular visits. Other specialists and health professionals are accessed as needed including a dietitian, dentist, optometrist, hearing services, behaviour management specialists and a speech pathologist who may visit care recipients at the home or external appointments are arranged. Staff receive information on care changes during verbal shift handovers, via handover sheets and electronic care documentation. Care recipients/representatives are satisfied with care recipients’ access to specialist and other health professionals.

### 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

Registered nurses, doctors and pharmacists oversee the medication system to ensure care recipients medication is managed safely and correctly. The home has medication policies and procedures to guide staff. The pharmacy delivers medications in blister packs or original packaging; and the home stores medications safely and correctly. Care staff who have completed training and competency assessments complete medication administration rounds. Care recipients who wish to self-medicate discuss this with their doctor, complete an assessment and are monitored by staff. Regular medication regime reviews are conducted and the home audits the medication system. Medication incidents are reported, documented and followed up by a registered nurse. A medication advisory committee meets regularly to review medication policies, audits, incidents and any medication administration concerns. Care recipients/representatives are satisfied with the way the home manages care recipients’ medications.

### 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

Clinical pain assessments which include non-verbal signs of pain identify care recipients who experience pain. Assessment results, consultation with care recipients and representatives and the care recipient’s doctor along with a medical history review provide information for care planning and pain management. Physiotherapy and occupational therapy assessments identify each care recipient’s experience of pain and which provides information for treatment plans. The occupational therapist and a physiotherapy aide provide massage and heat packs for pain relief. Regular pain monitoring occurs to ensure the effectiveness of treatments. Care staff are knowledgeable about identifying care recipients who are experiencing pain and measures which may relieve their pain including informing a registered nurse, position change, heat packs and distraction. Care recipients are referred to their doctor for pain management as required; and pain relief medications are administered following doctor’s orders. Care recipients/representatives are satisfied with the pain management provided for care recipients.

### 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

In consultation with care recipients and representatives end of life directives are prepared to guide management and staff in the event a care recipient becomes terminally ill. Registered nurses oversee and provide palliative care including pain management to ensure care recipients remain comfortable. Care staff provide personal hygiene, pressure care, mouth care and food and fluids as desired. A local palliative care team is available for additional support if required. The Rose room is a dedicated palliative care room which has privacy, a sofa bed and refreshment facilities to enable representatives to visit or stay with care recipients who are terminally ill. Religious representatives visit on request. We observed staff to be very caring, patient and kind. Care recipients/representatives say staff are wonderful and they are satisfied with the care provided for care recipients.

### 2.10 Nutrition and hydration

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

#### Team’s findings

The home meets this expected outcome

Care recipients’ individual dietary needs and preferences are identified on entry to the home, included in care planning and provided to catering staff. Information such as food allergies, special diets, appetite, food likes/dislikes, assistance required to eat/drink and customised aids are included in care planning. Regular health monitoring includes weight management with fluctuations in a care recipient’s weight reported to a registered nurse for follow up. A dietician reviews the menu; and individual care recipients are assessed by the dietician on a referral basis. Care recipients who experience swallowing difficulties are referred to a speech pathologist. The home provides special diets, nutritional supplements, snacks between meals, thickened fluids and various food consistencies as required. Care recipients/representatives are satisfied with the nutrition and hydration provided by the home.

### 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

Clinical assessments implemented on entry to the home and repeated as necessary identify care recipients’ skin care needs, risk of breakdown, wounds, rashes or skin changes. Consultation with care recipients and representatives and review of each care recipient’s medical history provides information for care planning. Registered nurses oversee the provision of skin care by senior care staff and provide complex wound care. Care recipient’s skin integrity is monitored by care staff during care provision with any changes reported to a registered nurse. Skin care products such as moisturisers, limb protectors and pressure relieving devices are available. Care recipients/representatives are satisfied with the skin care provided for care recipients.

### 2.12 Continence management

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

#### Team’s findings

The home meets this expected outcome

Continence assessments provide information for individualised toileting and bowel management plans. Consultation with care recipients and representatives identifies the care recipient’s usual routines and preferences for continence management which are included in care planning. High fibre foods, fruit and juices are included in the menu to assist with bowel management. Pre-packaged thickened drinks which have a variety of taste sensations such as watermelon, lemon/lime and grape are provided to encourage fluid intake to reduce the likelihood of urinary tract infections. Registered nurses liaise with catering staff when increases in high fibre food or juices are required for individual care recipients experiencing bowel management concerns. Care recipients/representatives are generally satisfied with the continence assistance provided at the home.

### 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

Clinical assessments, a care recipient’s medical history and consultation with care recipients and their representatives assistin the identification of care recipients with challenging behaviour, triggers for their behaviour and successful interventions. Care plans are individualised and include detailed information from specialists about behaviour management for care recipients. Monitoring of behaviour occurs which assists with ongoing behaviour management. The home has a twilight program which provides distractions such as garden walks and table activities to assist with care recipients who becomes restless in the evenings. Referrals to specialists when required are followed up by registered nurses and care plans are updated as required. Care staff are knowledgeable about the care required by care recipients with challenging behaviour and how to distract or occupy them as needed. Care recipients/representatives are satisfied with the behaviour management implemented at the home.

### 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 an occupational therapist on site four days a week and access to a physiotherapist whenever required. Clinical assessments and a comprehensive assessment by the occupational therapist along with consultation with care recipients and representatives provide information for mobility care plans. A mobility and transfer chart developed by the occupational therapist for each care recipient is placed in the care recipient’s bathroom to guide staff on the safe movement and transfer of care recipients. Treatment plans developed by the occupational therapist or a physiotherapist are implemented by the occupational therapist and a physiotherapy aide. Lifestyle staff provide group exercise sessions; and where possible lifestyle and care staff encourage and assist care recipients to walk both inside the home and outside in the garden. Activities such as craft and games assist in maintaining movement and dexterity. Accidents/incidents including falls are documented and followed up by registered nurses and the occupational therapist to reduce the likelihood of reoccurrence. Care recipients/representatives are satisfied with the maintenance of function and mobility support provided for care recipients.

### 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

Clinical assessments including an oral hygiene assessment and consultation with care recipients and representatives provide information about care recipients’ preferences and needs for oral and dental care. The information identified is incorporated in care plans and implemented by staff during daily routines. This may include identification of natural teeth and any dentures, assistance to brush teeth or dentures, soaking of dentures, dentures in place or out at night and any mouth problems during care provision and frequency of cleaning. Staff monitor care recipients’ mouth and teeth during care provision and report to a registered nurse any changes identified. If required care recipients are assisted to access dental services. The home has a tooth brush exchange program with a new coloured toothbrush every three months in line with the seasons. Care recipients/representatives are satisfied with the oral and dental care provided for care recipients.

### 2.16 Sensory loss

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

#### Team’s findings

The home meets this expected outcome

Clinical assessments including vision, hearing and dietary assessments identify care recipients with sensory loss. Information identified and consultation with care recipients and representatives provides information for care planning and provision. Massages with scented oils provided by the occupational therapist and physiotherapy aide stimulate care recipients sense of touch and smell. Cooking smells at meal time and the taste of foods stimulate care recipients’ senses of taste and smell. Watermelon rounds and drinks with a variety of flavours such a lemon/lime stimulate care recipients sense of taste. Staff assist care recipients to access hearing and vision services as needed. Care recipients/representatives are satisfied with the assistance provided for any loss of sensory ability by care recipients.

### 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

Clinical assessments and consultation with care recipients and representatives identify care recipients’ preferred routines for rest and sleep. Care plans include individualised information such as preferred time to settle for the night, curtains drawn, lights on or off, number of pillows, coverings, positioning and preferred time to rise. Care recipients who wish to rest during the day are assisted and supported by staff to settle comfortably. Strategies used to assist care recipients to settle include music therapy, dimmed lights, continence management and pain management. Night staff monitor care recipients and provide comfort measures. Care recipients say the home is quiet at night and they sleep well.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement. The home demonstrates it is actively pursuing continuous improvement in relation to Accreditation Standard Three and recent examples include:

* Management identified the secure walking path for care recipients led to a dead end. The walking path has been extended and now goes around the facility, with various attractions such as chooks, a bus stop, and covered areas to sit along the path. Care recipient/representative feedback is positive.
* To further develop the walking path, management have introduced a raised sensory garden beside the pathway. A local horticulturalist was consulted, and a sensory garden guideline was used to develop the garden, to ensure it included bright colours, as well as different smells to entice the senses. The men’s group planted the garden, and it was officially opened with a morning tea in March, 2017. Care recipient/representative feedback has been positive. These environmental changes have increased care recipient interest and freedom around the walking path, and management said this has led to a reduction in behaviours.

### 3.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Examples of regulatory compliance with Accreditation Standard Three include:

* All care recipients/representatives receive a copy of the residential care agreement on care recipient entry to the home, and this document provides information about their entitlements. The care recipient handbook also provides information on care recipient security of tenure.
* The Charter of Care Recipients’ Rights and Responsibilities is displayed in the home, and in the care recipient handbook.

There is a policy and guidelines for mandatory reporting of alleged and suspected assaults and the facility maintains a consolidated register of these incidents.

### 3.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

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

Examples of education and training attended by staff relating to Accreditation Standard Three include:

* Dementia and behaviours
* Privacy and dignity
* Validation therapy

### 3.4 Emotional support

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

#### Team’s findings

The home meets this expected outcome

Bill King Aged Care Facility provides information and emotional support for care recipients and representatives prior to and during the moving in process. A tour of the home and introduction to other care recipients and staff assists in the settling in process. Staff invite care recipients to join in with the lifestyle program and family and friends are welcome to visit. Ongoing support for care recipients is provided by management and staff. A large group of volunteers provide support for care recipients through provision of morning and afternoon tea, activities and socialisation. Regular church services are held at the home and religious representatives visit care recipients on a regular basis according to their wishes. Care recipients say they are satisfied with the emotional support provided and are happy living at the home.

### 3.5 Independence

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

#### Team’s findings

The home meets this expected outcome

Management and staff assist care recipients to remain as independent as possible and to maintain their community contacts. Clinical assessments identify the independence level possible for care recipients and the amount of support they require daily to participate in life at the home and in the community. Where possible care recipients are encouraged to freely walk outside in the garden and regular bus outings are provided including in the late afternoon as part of the twilight program. Interaction with the local community is through visiting family and friends, volunteers, visiting school groups and entertainers. Newspaper readings are facilitated by lifestyle staff. Care recipients/representatives are satisfied with the support provided for care recipients independence and their contact with community life.

### 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 privacy and dignity of care recipients and confidentiality of personal information is respected by management and staff. Care recipients sign consent forms for release of personal information to appropriate people and new employees sign a confidentiality agreement prior to commencing work. Care recipients are addressed by their preferred name, rooms are not entered without first knocking, and doors are closed before care is provided. Secure storage of care recipients’ personal information and passwords on computers ensure confidentiality and respect of care recipient’s privacy. Care recipients/ representatives say staff are friendly, polite and respectful and privacy is always respected.

### 3.7 Leisure interests and activities

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

#### Team’s findings

The home meets this expected outcome

Bill King Aged Care Facility provides a varied lifestyle program which includes input from care recipients about activities of interest to them. The program includes group exercises, gardening, laughter is the best medicine, reminiscing, rock church, quiet time, bus outings, concerts and games. There is a dedicated men’s program which includes football tipping, wood sanding, walks, chats and movies. A twilight program is provided for care recipients who become restless in the late afternoon which includes usual daily living activities such as washing and pegging out clothes, and bus trips for a picnic dinner. Special functions are held to celebrate national and religious days; and care recipients celebrate their birthdays according to their wishes. One on one support is provided for care recipients who are frail, unwell or choose not to participate in group activities. Participation is monitored to ensure all care recipients receive support according to their needs and preferences. Care recipients/ representatives are satisfied with the lifestyle program provided at the home.

### 3.8 Cultural and spiritual life

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

#### Team’s findings

The home meets this expected outcome

Clinical and lifestyle assessments, and consultation with care recipients and representatives identify each care recipients’ needs and preferences for cultural, spiritual and religious support. Information for care recipients and representatives is available in languages other than English. The lifestyle program includes activities related to other countries around the world; and special functions are held to celebrate significant cultural events. Care recipients choose whether to attend church services at the home and whether they wish to participate in visits by religious representatives. Care recipients/representatives are satisfied with the cultural and religious support provided by 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

Care recipients are supported by management and staff to make informed decisions about their care and lifestyle. This includes personalisation of their room with memorabilia and decoration of their space with pictures and photographs. Care recipients choose their daily routines including attendance at the lifestyle program, meal choices, settling and waking times and outings. Care recipients are encouraged to attend care recipient meetings to enable them to participate in decisions about the activity program, meals, laundry and cleaning services. Authorised representatives are identified to make decisions on behalf of care recipients unable to act for themselves. Care recipients/representatives are satisfied with the choices available for care recipients about their care and lifestyle.

### 3.10 Care recipient security of tenure and responsibilities

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

#### Team’s findings

The home meets this expected outcome

The home has processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. All care recipients/representatives are offered a residential agreement and handbook, which outlines security of tenure, fees and charges, care and services, care recipients’ rights and complaints resolution processes. Proposed room changes are discussed and agreement reached prior to any moves being undertaken. Care recipients/representatives understand care recipients’ rights and said staff respect them. Care recipients/representatives state they are satisfied with security of tenure for their loved ones in the facility.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement. The home demonstrates it is actively pursuing continuous improvement in relation to Accreditation Standard Four and recent examples include:

* In 2016, staff were identified to be using the hazard reporting system inconsistently, and some hazards were being incorrectly entered as a maintenance request, or passed on to management verbally. A working party was convened to develop a hazard reporting policy, the hazard report form has been re-designed, and a flow chart has been developed as a quick guide to staff, and also contains time-lines for reporting, and management responsibilities regarding hazards. Management said the guidelines assist staff to identify and report hazards correctly. The safety officer has provided education on hazard reporting to all staff, and information on hazard reporting has been included in the staff newsletter, and has also been discussed in the care recipient/representative meetings.
* The facility’s chef and care coordinator attended a one day seminar on the dining experience. The conference included education on moulding and presentation of pureed foods. The facility now uses this method of presentation for puree food, and has introduced linen tablecloths and serviettes, as well as un-chippable cups and saucers. Breakfast is now served from 7.30am to 9.00am, and care recipients have a choice of a cooked breakfast, cereals and/or toast. A drip filter coffee machine has been purchased for use in the upstairs units, and another will be introduced downstairs over the coming month. Care recipient/representative feedback has been positive.

### 4.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Examples of regulatory compliance with Accreditation Standard Four include:

* There is a food safety program in place.
* The facility maintains a current fire safety certificate

### 4.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

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

* Chemical safety
* Fire warden courses
* Infection control
* Outbreak management

### 4.4 Living environment

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

#### Team’s findings

The home meets this expected outcome

The home provides single and twin share rooms, with ensuite bathrooms. There is a secure walking path which goes around the facility, with points of interest, such as chooks, along the path. There is a comprehensive program for maintenance, which includes corrective and preventative maintenance schedules to ensure the grounds, building and equipment are maintained. Regular environmental audits are conducted, and there is a hazard reporting and response system in place.

### 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

There is a system to provide a safe working environment consistent with workplace, health and safety policy and regulatory requirements. All staff are trained in manual handling, work health and safety, fire awareness and evacuation procedures during their orientation and on an on-going basis. Preventative and corrective maintenance programs ensure equipment is in good working order and the environment is safe. Work health and safety is monitored through regular audits, incident and hazard reporting, competency assessments, and a district work health and safety manager works on site. Interviews with staff confirm they have attended education, have an understanding of work health and safety systems, and are satisfied management is active in providing a safe work environment.

### 4.6 Fire, security and other emergencies

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

#### Team’s findings

The home meets this expected outcome

There are systems to provide an environment and safe systems that minimise fire, security and emergency risks. The home has an emergency and evacuation procedure, and has fire-fighting equipment, extinguishers and fire blankets, all of which are regularly checked and maintained by external contractors. Fire wardens are on call 24 hours per day. The home is fitted with a sprinkler system and there is a disaster management and business continuity plan. Security measures include a planned nightly lock up procedure, key pad access/exits within the home, emergency response flip charts, night entry buzzer, and security lighting in the car park, as well as night security patrols.

### 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 infection control program. This includes education for staff, provision of equipment and the monitoring of infections. Use of personal protective equipment and colour coded equipment was observed in all areas and staff interviews showed awareness of infection control principles and practices. Relevant infection control issues are discussed and reviewed at staff meetings. Infection control procedures such as the use of colour coded cleaning equipment, personal protective equipment and monitoring of temperatures were observed. Audits are undertaken, there are processes for the removal of contaminated waste, hand sanitiser is available throughout the home, infectious outbreak supplies, bio hazard spill kits and sharps containers are available. Staff could describe the use of infection control precautions in their work such as outbreak management processes and regular hand washing. The home has a vaccination program 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

There are processes to ensure hospitality services enhance care recipients’ quality of life and the staffs’ working environment. Food is cooked fresh by the facility chef, and the five week rotating seasonal menu has been reviewed by a dietician and caters for individual needs and preferences of care recipients. The home has a food safety program in place, and has received an A rating from the NSW Food Authority. The living environment was observed to be clean and generally without odour. Cleaners follow a set daily schedule which ensures care recipient rooms and common areas are cleaned. Cleaning staff demonstrate knowledge of the home’s cleaning schedules, practices and safe chemical use. Chemicals used in the home are safely stored and safety data sheets are available, accessible and current. The on-site laundry is in operation six days a week. Chemicals used are auto dosed and include sanitisation. There is a heat labelling system in use. Hospitality services are monitored through feedback, audits, surveys and meetings. Care recipients/representatives interviewed indicate they are satisfied with the catering, cleaning and laundry services provided.