



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Calvary Ryde Retirement Community - Marian Residential Care RACS ID: 0345
Approved Provider: Calvary Retirement Community Ryde Limited

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

| | |
|----------------------------------|---|
| Reconsideration Decision made on | 8 December 2017 |
| Reconsideration Decision | An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 17 June 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 5 August 2015 to 5 June 2019. |
| Reason for decision | <p>Under section 2.69 of the <i>Quality Agency Principles 2013</i>, the decision was reconsidered under 'CEO's own initiative'.</p> <p>The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program.</p> <p>The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.</p> |
| This decision is effective from | 8 December 2017 |
| Accreditation expiry date | 5 June 2019 |



Australian Government

Australian Aged Care Quality Agency

Marian Hostel

RACS ID 0345
678 Victoria Road
RYDE NSW 2112

Approved provider: Calvary Retirement Community Ryde Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 05 August 2018.

We made our decision on 17 June 2015.

The audit was conducted on 12 May 2015 to 15 May 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Marian Hostel 0345

Approved provider: Calvary Retirement Community Ryde Limited

Introduction

This is the report of a re-accreditation audit from 12 May 2015 to 15 May 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 12 May 2015 to 15 May 2015.

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

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

Assessment team

| | |
|----------------|-----------------|
| Team leader: | Philippa Clarke |
| Team member/s: | Hiltje Miller |

Approved provider details

| | |
|--------------------|---|
| Approved provider: | Calvary Retirement Community Ryde Limited |
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Details of home

| | |
|---------------|---------------|
| Name of home: | Marian Hostel |
| RACS ID: | 0345 |

| | |
|---|-----|
| Total number of allocated places: | 52 |
| Number of care recipients during audit: | 50 |
| Number of care recipients receiving high care during audit: | 43 |
| Special needs catered for: | N/A |

| | | | |
|-----------------|----------------------------------|------------|--------------|
| Street/PO Box: | 678 Victoria Road | State: | NSW |
| City/Town: | RYDE | Postcode: | 2112 |
| Phone number: | 02 8878 1400 | Facsimile: | 02 9809 7086 |
| E-mail address: | deborah.booth@calvarycare.org.au | | |

Audit trail

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

Interviews

| | Number | | Number |
|--|--------|--|--------|
| National director | 1 | Residents/representatives | 9 |
| Manager – clinical services | 1 | Homemaker | 1 |
| General manager | 1 | Education consultant | 1 |
| Care co-ordinator | 1 | Recreational activities officer | 1 |
| Registered nurses | 1 | Pastoral care co-ordinator / Pastoral carer | 3 |
| Registered nurse – pain co-ordinator | 1 | Catering manager/Catering staff | 6 |
| Care staff | 26 | Laundry staff | 1 |
| Medical officer | 1 | Cleaning staff | 3 |
| Physiotherapist | 1 | Maintenance supervisor / Maintenance staff | 4 |
| Administration assistants | 2 | Care choice advisor | 1 |
| Work health and safety manager / work health and safety co-ordinator | 2 | | |

Sampled documents

| | Number | | Number |
|---------------------|--------|-----------------------------|--------|
| Resident files | 6 | Medication charts | 15 |
| Wound chart | 8 | Personnel files | 5 |
| Resident agreements | 7 | Accident and incident forms | 4 |

Other documents reviewed

The team also reviewed:

- Cleaning service manual, duty lists, work sheets, chemical awareness instructions
- Clinical care: medical Orders for Life-Sustaining Treatment (MOLST) forms, restraint authority, bowel charts, blood glucose level monitoring, dietary needs/preferences, continence management, meals and drinks, weight monitoring, wound management/dressings, dietician and speech therapist reviews, mobility and pain physiotherapist documentation including assessments, care plans, manual handling guides, treatment sheets, incident reports and pain assessments
- Continuous improvement documentation including continuous improvement plan, improvement logs, internal and external audit results, accident/incident reports, clinical indicator data, key performance indicator reports, trend analysis and external benchmarking reports
- External services including contractor/supplier service agreements, approved contractor/supplier listing, contractors handbook

- Feedback management system including complaints and compliments register
- Fire security and other emergencies including fire safety equipment service records, fire safety reports, care recipient photographic evacuation information, emergency response and recovery plan, fire safety statement
- Food safety program including kitchen cleaning logs, food and equipment temperature monitoring records, NSW food authority audit
- Human resource management including staff handbook, statutory declarations, position descriptions, job descriptions, duty statements, signed confidentiality of information agreement, privacy statement, staff appraisal information, rosters
- Infection control information including outbreak management, resident and staff vaccination programs, infection control reports and trend analysis, pest control reports
- Information systems including information management register, electronic information, organisational intranet, meeting schedule and minutes, newsletters, memoranda, satisfaction surveys
- Inventory and equipment including contract service maintenance reports, responsive maintenance log book, programmed maintenance matrix, equipment service reports, audits
- Lifestyle documentation including newsletter, assessments and activities programs, activities evaluations and exercise programs.
- Policies, procedures, flowcharts and schedules
- Medication management: drugs of addiction register, medication care plans, medication incidents, medication refrigerator temperature records
- Regulatory compliance monitoring register, mandatory reporting register, privacy policy, criminal history certificate system, professional registrations
- Resident handbook, information packages and resident agreements
- Residents list
- Self-assessment report with information about each Accreditation Standard
- Staff communication diaries, handover sheets and memorandums
- Staff education including calendar, orientation program and checklist, education evaluations, competency assessments, resources
- Workplace, health and safety (WH&S) information including safe work practices, hazard identification and risk assessments

Observations

The team observed the following:

- Activities, entertainment and exercises in progress, activity program on display; residents participating in activities and activity resources
- Annual fire safety statement, fire safety plan, equipment and emergency backpack
- Charter of Residents' Rights and Responsibilities displayed
- Chemical storage, safety data sheets, cleaning in progress, associated equipment, supplies and storage
- Daily menu displayed on notice boards
- Equipment and supply storage rooms

- Feedback forms and suggestion boxes available for use
- Hairdressing room
- Hand washing sinks, hand hygiene dispensers around the home and staff personal dispensers
- Personal protective equipment, outbreak kits and spill kits
- Information notice boards and information sheets in staff areas
- Interactions between staff and residents/representatives
- Living environment internal and external including private areas and courtyard areas
- Medication round in progress
- Mission and Values of the organisation
- Notices of impending Accreditation site audit on display throughout the home
- Nurse call system and response by staff
- Residents utilising pressure relieving mattresses, hip and limb protection equipment
- Secure storage of care recipients information
- Shift handover
- Short group observation in dementia wing
- Sign in and out books
- Staff practices and courteous interactions with residents, representatives, visitors and other staff
- Staff work areas (including clinic/treatment/staff room, reception and offices)
- The dining environments during midday meal service, morning and afternoon tea, including resident seating, staff serving/supervising, use of assistive devices for meals and residents being assisted with meals in their rooms

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 actively pursues continuous improvement across all four Accreditation Standards through feedback forms, meetings, a program of audits and surveys, and analysis of monitoring data. Opportunities for improvement that are identified are recorded on a plan for continuous improvement. Strategies are developed, documented, monitored and evaluated to ensure satisfactory outcomes are achieved. Residents/representatives and staff are encouraged to actively contribute to this process. Interviews with residents/representatives and staff confirm feedback has resulted in improvements for residents.

Examples of improvements at the home relating to Accreditation Standard One include:

- Management identified a lack of written compliments and complaints. Discussion with residents and representatives established this may have been due to the location of the sole secure suggestion box. Several new secure suggestion boxes were purchased and installed throughout the home to enable residents/representatives and staff better access to confidential means of forwarding feedback. The keys for each box reside with the deputy director of care who checks the boxes periodically. Residents and representatives will be reminded of the new boxes and encouraged to forward feedback at all upcoming meetings.
- A review of the continuous improvement plan established the majority of improvement opportunities were identified by management or through auditing. To ensure improvement opportunities identified by staff and residents/representatives were always captured management created a single "bright idea" page. The page is very simple, calling only for details of the idea and requiring no personal information. The forms can be confidentially submitted and are considered at the homes continuous improvement meetings. Since the introduction of the forms the home has received many bright ideas they feel they may not have otherwise received.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems with corporate support to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines applicable to aged care. Management is informed of changes and updates to policy, procedures and documentation through the organisation's corporate services that have

access to a variety of authoritative sources including a peak body. Updates are communicated through the intranet, by e-mail and discussed at management forums. Management has responsibility to notify staff at the home of changes to regulations through meetings, memoranda, newsletters and education sessions. Updated policies, procedures and manuals are readily available for staff.

Examples of regulatory compliance with Accreditation Standard One include:

- A criminal police certification register is maintained which demonstrated all staff relevant contractors and volunteers have current criminal record certification.
- Forms for comments and complaints are available, as well as accessible suggestion, comment and compliment boxes.

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 the appropriate knowledge and skills to perform their roles effectively. Training needs are determined by training needs analysis, performance appraisals and skill assessments, audit and clinical indicator results, regulatory requirements, organisational directives and the care needs of residents. Education is delivered in orientation sessions, computer based learning modules and through in-service training. The knowledge and skills of staff are evaluated on an ongoing basis through assessments and observations by senior staff. All staff interviewed reported they have access to education on a regular basis.

Examples of education provided relating to Accreditation Standard One include: aged care funding instrument, quality systems, communication and teamwork, electronic incident reporting system.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has internal and external mechanisms for feedback and complaints available to all residents/representatives. On entry all new residents are made aware of feedback mechanisms and advocacy services outlined in the residential care resident handbook, the resident agreement and brochures. Feedback forms and brochures for accessing external complaints are readily available and there are secure suggestion boxes. Management have an 'open door' policy and are available to assist with enquiries. Complaints reviewed indicate issues are acknowledged, investigated and feedback is given to complainants. Residents and representatives said management was responsive to issues raised and that actions are implemented in an effective and timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's vision, values and philosophy are well documented and on display. They are also recorded in a variety of documents such as policies, handbooks and information packages and outline the organisation's commitment to providing quality services. The values of the organisation are included in the staff orientation program to ensure staff are fully aware of their responsibility to uphold the rights of residents and the organisation's objectives and commitment to quality.

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 is a system in place to ensure there is sufficient staff with appropriate skills and qualifications to meet residents' care and lifestyle needs. 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 programs provide staff with further opportunities to enhance their knowledge and skills. Staffing requirements are discussed fortnightly to ensure appropriate staffing mix and levels. The home's casual and agency staff members are used to fill any vacant shifts and a registered nurse is either on-site or on call 24 hours, seven days per week. Staff interviewed said they have sufficient time to complete their designated tasks and meet residents' needs. Residents and representatives expressed satisfaction with the care provided by the staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has stocks of goods and equipment that support quality service delivery. Designated staff are responsible for maintaining adequate stock levels and ensuring such stock meets required quality standards. Appropriate storage is provided to guarantee the integrity of stock and stock is rotated as required. Assets and equipment are maintained according to preventative program maintenance schedules and external contractors are used for specialised equipment service and repair. There are reporting systems for maintenance requests and hazards and regular inspections and environmental audits are undertaken. Residents, representatives and staff stated there are sufficient supplies of goods and equipment including food, continence and medical supplies, linen and cleaning chemicals - available for use in the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

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 handbook, position descriptions and duty lists, handover, care documentation, communication books, memoranda, noticeboards and meetings. A password protected computer system facilitates electronic administration, care documentation and access to the organisation's policies, procedures and quality system. A resident agreement, information pack and handbook inform residents and representatives. Updated information is also provided through meetings, newsletters, noticeboards and verbal communication. Personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Residents/representatives reported 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

The home has systems to ensure that externally resourced services meet organisational and site-specific quality requirements. 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. A listing of approved contractors and suppliers is accessible to relevant staff. External service contractors provide fire safety, pest control, allied health and trade services at the home. Service provision is monitored on an ongoing basis through inspections, audits and feedback and suppliers/service providers are changed if they do not meet quality requirements. Residents, representatives and staff reported satisfaction with the external services currently provided at the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the system used to actively pursue continuous improvement.

Examples of improvements at the home relating to Accreditation Standard Two include:

- After learning of the success of the 'C.A.R.E' program ran at another of the organisations facilities, the home decided to introduce the program at their site. The program aims to encourage staff to move from a task focused mentality to model of care based around resident choice. The C.A.R.E program focuses on key areas: Communication and care, attitude, roles and responsibilities, empathy and enable. 'C.A.R.E' educates staff about the home values and the obligations that flow from them. Anecdotal evidence received from residents/representatives at meetings indicate they feel the staff appear more positive, happier and more focused on residents individual needs. Management are also awaiting the results of their recent staff survey for further evident of the improvement.
- A clinical audit identified mobility management could be improved in the home. Following discussions with the external allied health contractor it was decided full physiotherapy assessments would be completed for each resident upon their entry to the home. These assessments ensure interventions are in place, and referrals to the pain management clinic occur when required. In addition, 25 new heat packs for pain management were purchased, a staff member was employed for three days each week to provide residents with massage and a physiotherapy aide was employed to assist residents to build up their strength. A follow up clinical audit reported improved pain management and mobility for residents.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Two include:

- The home has a system to monitor and record registered nurses' registration.
- Medications are stored and managed in line with NSW state legislation requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for an overview of the home’s processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles.

Examples of education provided relating to Accreditation Standard Two include: Medication management, palliative care, first aide, wound care, continence 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 provides residents with appropriate clinical care through initial and ongoing assessments, care planning and evaluation processes. The home has systems that enable residents/representatives to exercise control over the care they receive and to provide input into residents' care planning. The care co-ordinator and registered nurses review and evaluate residents' individual plans of care every three months or when required. Relevant staff are informed of any alterations/exceptions to the usual care required by the resident at handovers, case conferences, meetings, verbally and through communication diaries. Residents' weights, vital signs and urinalysis results are recorded monthly or as ordered by the medical officer. An accident and incident reporting system is in place for the reporting of resident incidents, such as falls, skin tears and behaviours of concern. Staff demonstrate knowledge of residents' care needs ensuring that residents' clinical care is being met. All residents and representatives interviewed are satisfied with the timely and appropriate assistance given to residents by care staff.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff, with medical officer input when required. Marian Hostel has adequate staffing skill mix to ensure residents' specialised nursing care needs can be met by appropriately qualified and skilled personnel. This includes registered nurse input into assessment, management and care planning for residents. The home currently provides specialised nursing care for residents requiring diabetic management, wound care, catheter and stoma care and pain management. Staff are provided with education in specialised nursing procedures. Staff confirmed they have access to adequate supplies of equipment for the provision of residents' specialised nursing care needs. Residents/representatives are satisfied with the level of specialised nursing care offered to residents by nursing, medical and/or other health professionals and related service teams.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s findings

The home meets this expected outcome

Staff interviews, progress notes, medical notes, pathology, allied health and hospital discharge information demonstrates timely referrals for residents are arranged with appropriate health specialists as required. The care co-ordinator and registered nurses have regular access to a physiotherapist, podiatrist, speech pathologist, optometry, community clinical nurse consultants and a palliative care team. Regular review and evaluation of residents’ health and well-being and referrals are carried out by the care coordinator and registered nurses in collaboration with care staff and doctors. Effective monitoring is achieved through handover of key resident information to relevant staff. When required, residents’ medical officers are alerted and consulted. Residents/representatives stated residents are referred to the appropriate health specialists in accordance with residents’ needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure residents’ medication is managed safely and correctly. These include policies and procedures, regular pharmacy deliveries, the secure storage of medications and internal/external audits. Staff administer medication using a prepacked system and the care co-ordinator and registered nurses oversee the home’s medication management system and processes. All prescribed medications are recorded either in the electronic medication system or paper based medication chart. Review of residents’ medication profiles show current medical officers’ orders are recorded and information includes medication identification sheets, residents’ photographic identification, allergies and medication allergy status. The home’s has a medication advisory committee to address safe medication practice is carried out at Marian Hostel. Staff administer controlled drugs in accordance with legislated guidelines and regulatory compliance. All staff who administer medications are assessed according to the home’s medication policy through annual skills based assessments or as required. Residents/representatives said they are satisfied with the home’s management of residents’ medication.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

All residents are assessed to identify their pain history and presence of pain. Strategies for alleviating and/or to minimise and manage pain levels are documented in the resident’s care plan and provided to staff. Pain re-assessments are completed to determine the effectiveness of interventions and care plans are updated as required. A multidisciplinary approach involving the residents’ medical officer, nursing staff, recreational activities officer and the pastoral team supports the resident’s pain management program. Staff are knowledgeable about the many ways of identifying residents who are experiencing pain. Pain

management strategies include pharmacological reviews, various non-pharmacological interventions and treatment in liaison with residents' medical officers. Residents are repositioned, assisted with movement and exercise, given gentle heat therapy, massage, and are involved in distraction therapy. Residents say the care provided at the home relieves their pain or it is managed so they are comfortable.

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 a suitable environment and culture to ensure the comfort and dignity of terminally ill residents is maintained. Where possible, residents' 'goal of care' wishes are identified and documented on entry to the home or at an appropriate time thereafter, through case conferencing and the comprehensive spiritual assessment process. The home has specialised clinical and comfort devices to ensure and maintain resident palliation needs and preferences. The pastoral team is available to provide emotional and spiritual support and arrangements can be made for other clergy to visit. Staff receive ongoing education and describe practices appropriate to the effective provision of palliative care. Residents/representatives said the home's practices maintain the comfort of terminally-ill residents.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home has processes to provide residents with adequate nourishment and hydration. Residents are assessed for swallowing deficits and other medical disorders, allergies, intolerances, food likes and dislikes, as well as cultural or religious aspects relating to diet. Provision is made for residents who require special diets, supplements, pureed meals and thickened fluids or extra meals and snacks throughout the day. The information is recorded on a resident nutrition and hydration form and sent to the kitchen. Residents are provided with assistance at meal times and assistive cutlery and crockery are available. The home monitors nutrition and hydration status through staff observations and recording of residents' weights with variations assessed, actioned and monitored. Residents are referred to a dietician and/or speech pathologist when problems arise with nutrition. Residents and representatives are satisfied they are able to have input into menus and residents' meals.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

The home has a system to ensure residents' skin integrity is consistent with their general health. Initial assessment of the resident's skin condition is carried out along with other assessments relating to and influencing skin integrity. Residents have access to nutritional support, podiatry, hairdressing and nail care according to their individual needs and choices.

Maintenance of skin tears, skin breakdown and required treatments are documented, reviewed and noted on wound care charts. The home's reporting system for accidents and incidents affecting skin integrity is monitored monthly and is included in clinical indicator data collection. The home has a range of equipment in use to maintain residents' skin integrity. Care staff help to maintain the residents' skin integrity by providing regular pressure care, by applying skin guards and by using correct manual handling practices. Residents/representatives are satisfied with the skin care provided to residents and report that staff are careful when assisting residents with their personal care activities.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

The home has a system for identifying, assessing, monitoring and evaluating residents' continence needs to ensure their continence is managed effectively. Processes are in place for the distribution of residents' continence aids and informing staff of residents' continence aid needs. Residents are assisted and encouraged to maintain or improve their continence level in a dignified and supportive manner. Care staff have access to adequate supplies of continence aids to meet residents' needs and they provide residents with regular toileting programs as indicated. Bowel management programs include daily monitoring and various bowel management strategies. For example regular drinks, aperient medications if necessary and a menu that contains high fibre foods such as fresh fruit and vegetables and a variety of fruit juices. Infection data, including urinary tract infections, is regularly collected, collated and analysed. The home's continence supplier provides ongoing advice and education for staff and residents. Feedback from residents and representatives shows satisfaction with the continence care provided to residents.

2.13 Behavioural management

This expected outcome requires that "the needs of residents with challenging behaviours are managed effectively".

Team's findings

The home meets this expected outcome

The needs of residents with challenging behaviours are managed through consultation between the resident/representative, staff, medical officers and allied health professionals. Care staff and the recreational activities officers implement a range of strategies to effectively manage residents with challenging behaviours. The residents' challenging behaviours are monitored and recorded with referrals made to their medical officer and/or external health specialists as appropriate. Staff are able to recognise the triggers and early warning signs exhibited by some residents and put in place appropriate strategies to manage behaviours. The team observed the environment to be calm and residents well groomed. Residents' representatives said staff manage residents' challenging behaviours well.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Residents are assisted to maintain their mobility, dexterity and independence for as long as possible. Clinical assessments on entry identify the assistance required by residents for transferring and mobility. Resident's mobility status and falls risk is assessed by a registered nurse when the resident moves into the home, after a fall and as their needs change. This is followed by a physiotherapy review when the physiotherapist is next at the home. Individual treatments include massage, heat treatments and exercises. Falls prevention strategies include the completion of risk assessments. Interventions noted include group exercises and the provision of specialised equipment such as mobility aids, bed sensors, ramps and handrails. Staff are able to discuss individual residents' needs and were seen assisting residents to mobilise within the home. Residents said they are satisfied with the program and assistance they receive from staff.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents' oral and dental health is maintained. Residents' dental needs are identified through assessment and consultation with the resident/ representative on a resident's entry to the home and as their needs change. Appropriate dental health is planned and staff are informed of the residents' needs. The resident's medical officer is consulted if there are any needs and referral may be made to a specialist, dentist or dental technician if needed for further assessment or treatment. Ongoing care needs are identified through resident feedback, staff observation of any discomfort, or reluctance to eat and weight variances. Residents are encouraged to maintain their oral and dental health with staff providing physical assistance and prompts where necessary. Residents and representatives said they are satisfied with the oral and dental care provided to residents.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home assesses residents' eyesight and hearing initially on entry and on an ongoing basis. Other sensory assessments for touch, smell and taste are undertaken when assessing residents' nutritional needs, dexterity and interest in activities. These are documented on residents' care plans/summary care plans to prompt and instruct staff on how to care and engage residents appropriately. The home's activity program features activities to stimulate residents' sensory functions. Staff described types of group and individual activities which encourage active participation from residents with sensory deficits. Staff said they employ various strategies to assist residents with sensory deficits. These include positioning, utilising and adapting materials and equipment to enhance resident participation, adapting the environment to ensure it is conducive to maximising residents' enjoyment and participation in

the chosen activity. Residents/representatives said they are satisfied with the home's approach to managing residents' sensory losses.

2.17 Sleep

This expected outcome requires that "residents are able to achieve natural sleep patterns".

Team's findings

The home meets this expected outcome

The home assists residents to achieve natural sleep patterns through a sleep assessment, care planning, choice of time for going to bed and rising, and staff support at night. Staff are able to explain the various strategies used to support residents' sleep. For example: offering warm drinks or snacks, appropriate pain and continence management, comfortable bed, repositioning and night sedation if ordered by the medical officer. Residents can use the nurse call system to alert the night staff if they have difficulties in sleeping. Residents state they sleep well at night. Resident/representatives are satisfied with the home's approach to residents' sleep management.

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 system used to actively pursue continuous improvement.

Examples of improvements at the home relating to Accreditation Standard Three include:

- When several of the male residents expressed a desire to participate in some different types of activities, the recreational activities officer approached the maintenance officers to discuss starting a men’s club. The maintenance staff were encouraged to complete care and dementia training in early 2015 and soon after they commenced the weekly men’s club meetings. The men’s club meet outside in the open kiosk to have a chat and plan their events and projects. The current project involves building a railway display. The club also holds fortnightly men’s barbeques. The staff and residents involved all expressed enthusiasm with regards to the new group.
- To provide residents with a more home like model of care, the home created a homemaker position. The role of the homemaker is to assist with creating a home like environment by empowering residents to make their own choices and decisions in regard to their daily activities. The homemaker will assist residents to complete any activities they desire. For example starting a morning game of scrabble or bingo, baking some sweets, or choosing background music for meal times. The homemaker role integrates the care and activities aspects of life in the home. At present, the homemaker is employed five days a week for four hours a day. Residents interviewed expressed delight with the freedom of choice the homemaker affords them.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Three include:

- The charter of residents’ rights and responsibilities is displayed in the home.
- The resident agreement outlines security of tenure and is based on applicable legislation.

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 an overview of the home's processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles.

Examples of education provided relating to Accreditation Standard Three include: Pastoral care, loss and grief, prevention and management of elder abuse, end of life choices.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents and their representatives are provided with information prior to and on arrival at the home to assist in adjusting to life in the home. Staff ensure residents are introduced to each other and other staff and explain daily happenings at the home. Staff encourage residents to join in with social activities as they feel comfortable to do so. Residents are able to bring in personal items to decorate their rooms. Family members are encouraged to visit whenever they wish and say they feel welcomed by staff. Staff interviewed reported knowledge of strategies used for meeting individual residents' emotional needs. Residents say they are happy living at the home and the staff are kind and caring. Observations of staff interactions with residents during the re-accreditation audit showed warmth, respect and laughter.

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

The home has systems to assist residents to achieve maximum independence, maintain friendships and participate in the community. The home-like environment provides a welcome place for visiting resident representatives with residents being afforded opportunities to exercise independence and choice on a daily basis. A range of individual and general strategies are implemented to promote independence, including the provision of services and equipment for resident use, a leisure activity program and regular mobility and exercise regimens. Participation in the local community is promoted through outings and visiting entertainment. Residents can have radios, televisions and telephones in their rooms. Staff describe strategies to maintain residents' independence in accordance with individual abilities. Residents say they are encouraged to maintain their independence and contact with the local community.

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

Management and staff of the home protect the privacy and dignity of residents and ensure the confidentiality of residents' personal information. Residents sign consent forms for the release of information to appropriate parties and staff sign confidentiality agreements. The home's environment promotes privacy in the provision of single rooms and comfortable outdoor areas for residents. Shift handovers are conducted away from the hearing of residents and visitors to the home. Staff demonstrate an awareness of practices which promote the privacy and dignity of residents. These include closing resident doors and window curtains when providing personal care. Residents say staff are polite, respect their privacy, knock on doors prior to entering and close doors and curtains during care provision.

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 residents are encouraged and supported to participate in interests and activities of their choice. The individual interests and preferred activities of residents are identified on entry. Each resident has an individualised care plan that identifies specific resident care needs. Information obtained from resident meetings and one-on-one discussions is also used to plan suitable group and individual activities. The activity program is displayed and includes a range of options such as physical exercise, mental stimulation and general social interaction. Activity programs are evaluated via resident feedback, meetings and review of activity attendance records. Residents told us there are a variety of activities provided and whilst they are encouraged to participate their decision not to do so is respected.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems through which residents' cultural and spiritual needs are valued and fostered including the identification and documentation of residents' interests, cultural needs, and religions. The menu is flexible and can accommodate the preferences of residents from culturally and linguistically diverse backgrounds when required. Specific cultural days such as Australia Day, St Patricks Day, Anzac Day and Christmas and Easter are commemorated with appropriate festivities. Residents' birthdays are recognised and celebrated. Freedom of choice with religious and cultural beliefs is respected. Pastoral care is delivered by the home's pastoral team and various religious denominations providing services. This is also personalised through one to one contact. Residents/representatives are satisfied with the home's approach to the cultural and spiritual program and the support provided to residents.

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 encourages residents to exercise choice and control over their lifestyle through participation in decisions about the services each resident receives. Residents are able to describe many examples of where they are encouraged by staff to make their own decisions. This includes use of preferred name, personal care regimes and diet preferences, bed times and whether to participate in activities. Staff were observed providing residents with choices in a range of activities of daily living. There are mechanisms for residents/representatives to participate in decisions about services including, access to management, resident/relative meetings, case consultations and complaint processes. Where residents are unable to make choices for themselves, management said an authorised decision maker is identified for the resident. Residents' choices are recorded where relevant and are accommodated whenever possible. Residents/representatives say they speak up without hesitation and the home enables residents to make choices of importance to them.

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

Residents have secure tenure within the home. The resident agreement outlines the care and services provided at the home and fees and charges. A copy of the residential care resident information handbook is provided to all residents and contains the Charter of Residents' Rights and Responsibilities, information about the care and services available to residents in the home and information on security of tenure. Resident/representative interviews indicated a general understanding of the information provided.

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 system used to actively pursue continuous improvement.

Examples of improvements at the home relating to Accreditation Standard Four include:

- To better manage the homes work health and safety responsibilities a work health and safety coordinator was employed in late 2014. The coordinator has encouraged all staff to take ownership of work health and safety issues by educating them about the purpose of work health and safety and its importance. Staff were encouraged to join the homes work health and safety committee to ensure the committee has representatives from all areas and levels. This diversity has improved the quality of discussion at the meetings. A work health and safety notice board was installed and is frequently updated with the latest information. Staff report the increased emphasis on the importance of WHS has been noticeable.
- Since late 2014, the home has been undergoing a refurbishment process to contemporise the residents’ living space. Walls throughout the home have been repainted in bright clean colours; new soft furnishing (curtains, bedspreads) and new chairs, tables and art work have been purchased. The chairs were chosen after discussion with staff and residents as to the residents’ favourite seats and styles. Management report both staff, residents/representatives have been complimentary of the environment upgrades.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Four include:

- The home has a current certificate from the New South Wales Food Authority.
- The home has a current fire safety certificate, meeting legislated requirements.

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 an overview of the home's processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles.

Examples of education provided relating to Accreditation Standard Four include: Manual handling, emergency response and fire training, infection control and hand hygiene, food safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home provides accommodation for the residents in single rooms, all with ensuite bathrooms. There are multiple communal lounge areas with open fireplaces. Appropriate and sufficient furniture is provided for residents and internal lighting, temperature, ventilation and noise levels are maintained at comfortable levels. Residents also have access to safe outdoor and garden areas. There are security measures and maintenance programs to promote residents' comfort and safety. The safety and comfort of the environment is monitored through audits, hazard reporting mechanisms and direct feedback from staff, residents and representatives. Residents/representatives are satisfied with the living environment and the maintenance of the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has a system to ensure management and staff are actively working together to provide a safe working environment that meets regulatory requirements. Work Health and Safety (WHS) training is given to all staff during orientation and annually. The system involves audits, inspections, accident and hazard reporting procedures. Policies, procedures, and notices inform staff and there is a WHS committee comprised of staff at all levels. Employee counselling and a return to work program are available. Preventative and corrective maintenance programs ensure equipment is in good working order and the environment is safe. An external chemical supplier maintains chemical stocks and provides education in chemical handling. Safe work procedures and practices were observed and staff demonstrated awareness of WHS practices and said they have attended the relevant education.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to minimise fire, security and emergency risks. These include regular checks of equipment by staff and contractors and emergency and fire evacuation procedures. The home is equipped with fire warning and firefighting equipment, extinguishers and fire blankets, all of which are regularly checked and maintained. Staff confirmed they attend compulsory education for fire training and that management monitor their attendance. The home has an evacuation backpack to enable swift and safe evacuation if required. The home has appropriate security measures such as lockup procedures, external lighting and door alarms (used at night) to ensure resident safety. Residents and staff said they feel safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program underpinned by infection control policy, practices and guidelines. The manager and the registered nurse oversee the program which includes the use of standard precautions, food safety procedures, management of contaminated waste and waste management processes, appropriate linen handling. Other measures include outbreak management, sharps containers, spill kits, pest control, regular and appropriate use of personal protective equipment. Staff members and residents have access to immunisation; there is a cleaning regime, temperature monitoring, colour coding and hand washing facilities. Staff said they are given education on infection control and have access to sufficient stocks of personal protective equipment. There are also regular surveillance audits of relevant areas including catering, cleaning and the laundry. Clinical data is used to monitor infection rates on a regular basis. We observed appropriate infection control practices in operation at the home.

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 are provided in a way that enhances residents quality of life. There are processes to identify residents' dietary preferences and requirements on their arrival. Meals are prepared on site at a co-located home using a four week rotating menu. This menu has been reviewed by a dietician, provides choices for residents and caters for special diets. Laundry services are undertaken at the co-located homes' laundry and residents' may wash any personal clothing in the onsite resident laundries if they choose. A laundry clothing labelling process is in place. Cleaning is undertaken by contractors Monday to Friday with the co-located homes weekend cleaner available if needed. The home monitors hospitality services and staff practises through regular audits, surveys, meetings and other feedback mechanisms. Residents/representatives said they are satisfied with the hospitality services provided to residents.