

Catholic Healthcare Percy Miles Villa

RACS ID: 0252

Approved provider: Catholic Healthcare Limited

Home address: 227-235 Forest Road KIRRAWEE NSW 2232

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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 15 January 2021.  We made our decision on 28 November 2017.  The audit was conducted on 17 October 2017 to 18 October 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

### 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 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 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 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: Catholic Healthcare Percy Miles Villa

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# Introduction

This is the report of a Re-accreditation Audit from 17 October 2017 to 18 October 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 17 October 2017 to 18 October 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: 40

Number of care recipients during audit: 38

Number of care recipients receiving high care during audit: 30

Special needs catered for: Nil

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Facility manager | 1 |
| Clinical systems support | 1 |
| Registered nurses | 2 |
| Care staff | 4 |
| Physiotherapist | 1 |
| Recreational activity officer | 1 |
| Pastoral carer | 1 |
| Administration assistant | 1 |
| Catering staff | 2 |
| Care recipients and/or representatives | 12 |
| Cleaning staff | 2 |
| Maintenance staff | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ files | 7 |
| Summary care plans | 6 |
| Medication charts (including signing sheets and nurse initiated medication) | 8 |
| Wound management charts | 7 |
| Privacy consents | 18 |
| Personnel files | 6 |

## Other documents reviewed

The team also reviewed:

* Accident and incident reports, analysis and trending
* Activity program documentation – assessments, care plans, programs, individual social activity records and program evaluations
* Clinical care documentation including assessments, care plans, nursing, medical practitioners and allied health progress notes, pathology reports, advance care directives, behaviour management, wound management including photographs, pain management, nutrition and hydration preference and plans, requirements and weight monitoring, referrals to health specialists, observation charts and family conference records
* Complaints register and supporting documentation
* Compulsory reporting documentation
* Continuous improvement: continuous improvement register and supporting documentation, audit schedule and various internal and external audits and care recipient survey
* Contractor register
* Education planner, attendance records and supporting documentation
* Fire, security and emergency documentation
* Food safety program and records including equipment temperatures, calibration records care recipient dietary profiles and menu
* Human resource documentation: recruitment policies and procedures, position descriptions and duty statements, staff orientation package, staff rosters, staff survey
* Infection control records
* Information systems including newsletters, handover sheets, electronic message boards and work logs, policies and procedures, meeting minutes and memoranda
* Maintenance - preventative and corrective maintenance documentation, pest control information, calibration documentation,
* Medication management documentation including: controlled drug (Schedule 8) register, anti-coagulant medication monitoring, Schedule 8 patch medication records, self-administration of medication assessments, medication refrigerator temperature records and medication advisory committee meeting minutes
* Pastoral care activity list and assessments
* Physiotherapy assessments and care plans, falls monitoring and analysis records
* Residential accommodation agreements
* ‘*Residents’* and staff information handbooks
* Risk assessments
* Self-assessment report for re-accreditation and associated documentation
* Specialised nursing care charts and records including diabetic management - blood glucose levels and parameters, medical directives for complex care, medications and wound management

## Observations

The team observed the following:

* Activities and exercise classes in progress
* Care recipients’ and staff notice boards
* Charter of care recipients’ rights and responsibilities displayed
* Cleaning in progress and colour coded equipment
* Comments and complaints form (internal and external) and advocacy brochures readily available
* Dining environment during midday meal service including staff supervision and assistance
* Document storage and records management
* Equipment and supply storage areas including chemical storage
* Fire equipment, annual fire safety certificate displayed, evacuation bag and emergency procedures flip charts
* Infection control resources including hand washing facilities, instructions and antiseptic hand gel, spills kits, sharps containers, personal protective equipment, outbreak kit, general and clinical waste
* Interactions between staff and care recipients, and other health and related services personnel
* Kitchen
* Laundries and laundry services
* Living environment – internal and external, including wellness room, movie room, library and chapel
* Manual handling, mobility aids and equipment and care recipients being assisted with mobility
* Medications including storage, controlled drug (Schedule 8) cupboard, medication trolley’s, medication blister packs, medication refrigerators and medication rounds
* Noticeboards
* NSW Food Safety Authority audit
* Nurse call system
* Nurses stations and work areas
* Posters displayed advising of dates of site audit
* Secure storage of care recipient information
* Short observation session in the dining room
* Staff room, practices and work areas
* Suggestion box
* Vision, Mission, and values statements displayed
* Visitor and contractor sign in/out books
* Waste management system

**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 home actively pursues continuous improvement using their established framework. Continuous improvements are identified through incidents, audits, feedback from care recipients and staff meetings, surveys, and verbal communication. Corporate and site improvements are registered on individual continuous improvement plan and discussed at corporate and site meetings. Care recipients, representatives and staff are encouraged to provide suggestions using the home’s improvement log form. External and internal audit schedules monitor the home’s performance across the four Accreditation Standards. Incidents and audit results are analysed and discussed at management and staff meetings. Feedback from staff confirmed they have opportunities to raise and discuss continuous improvement and are aware of the continuous improvement process. Care recipients and representatives said they are satisfied they have the opportunity to make suggestions for improvement.

Improvements implemented by the home over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

* The home has implemented an improved change to the storage and collection of all records. The home now uses an electronic care system for care recipient clinical management and the home has also introduced an electronic system to store all on an intranet site managed by the corporate office. This has improved the storage and availability of information for staff of the home.
* The home identified that the staff room refrigerator was insufficient in size to accommodate the number of staff that stored lunch in the refrigerator. The home discussed the need to purchase a larger refrigerator with the staff and it was agreed to purchase another larger refrigerator. This has improved the staff amenities within the home.

### 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 processes to identify, implement and monitor relevant legislation, regulations and guidelines. The organisation receives information and updates on changes to legislation, professional standards and guidelines through aged care peak body membership and Government Departments. Regulatory compliance is discussed at corporate management and site management meetings. Policies and procedures are updated by corporate staff and circulated to managers. Information is disseminated to staff via education sessions, noticeboards, staff meetings and memoranda. Audits and observations confirm staff practice is compliant with legislative requirements. Staff said they are informed of any changes in legislation or professional guidelines by management.

Examples of how the home ensures compliance in relation to Standard 1 Management systems, staffing and organisational development include:

* Care recipients and representatives were notified in writing of the re-accreditation audit, at ‘*resident’* meetings and posters displayed throughout the home.
* Monitoring of police certificates for staff, allied health professionals, volunteers and contractors.
* Monitoring of professional registrations for clinical staff.

### 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

The home has processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles. There are recruitment and selection processes based on the required qualifications and skills for each position as defined in position descriptions. Information from the home’s annual training needs analysis and staff appraisal system is used to develop the home’s staff education planner in cooperation with the corporate office. Training is provided to staff by formal education sessions and self-directed learning packages. The home’s education planner, which incorporates both compulsory and non-compulsory training courses across the Accreditation Standards, is available from the homes intranet site. Training attendances are monitored and the effectiveness of training courses evaluated. Staff said they have undertaken compulsory training and have access to individual training opportunities. Care recipients/representatives said they are satisfied staff have the appropriate skills and knowledge to provide care and services.

Examples of education conducted over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

* Customer service;
* Staff education for the electronic clinical care system; and
* Leadership and team development.

### 1.4 Comments and complaints

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

#### Team’s findings

The home meets this expected outcome

The home has a system to provide care recipients, representatives and other interested parties with access to internal and external complaints mechanisms. Information on the home’s complaints process is available in the ‘*resident’* handbook and residential accommodation agreements, and is discussed with care recipients and/or representatives as part of the admission process. External complaints brochures are available in various languages and displayed throughout the home. Copies of the home’s improvement log forms are located at each nurses’ stations and care recipient advocates are available to assist care recipients with concerns or complaints. Complaints are recorded on the home’s complaint’s register, followed-up and actioned by management, and discussed at the home’s management and continuous improvement meetings. Care recipients have the opportunity to raise and discuss complaints at the home’s ‘*resident’* and relatives meeting. Surveys monitor care recipients’ and representatives’ satisfaction with the home’s complaint management process. Staff said they are aware of how to raise a complaint. Interviews with care recipients/representatives confirmed they are comfortable lodging complaints and providing feedback to management. One care recipient told us that staff follow up issues with them only’ some of the time’, but said they would rather be at home.

### 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

Percy Miles Villa has vision, mission, and value statements which inform care recipients, representatives and staff of the organisation’s commitment to provide a quality aged care service. The statements are displayed throughout the home and are available in the ‘*resident’* handbook and staff orientation information. The organisation has a strategic plan which links to the home’s continuous quality improvement plan.

### 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

The home employs sufficiently skilled and qualified staff that provide appropriate care and services for care recipients. Recruitment and selection processes are based on the required qualifications and skills for each position as defined in position descriptions and duty statements. There is an orientation process and new staff are “buddied” with experienced staff to familiarise themselves with the home’s processes. Permanent, casual, and agency staff fill planned and unplanned absences. The home has a staff appraisal process and staff registrations are monitored annually. Staff rosters are regularly reviewed and monitored by management. Staff said they are provided with information outlining their roles and responsibilities, have adequate time to complete their duties and that allocated staff numbers are appropriate. Care recipients/representatives interviewed were complimentary of the care and services provided by all staff.

### 1.7 Inventory and equipment

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

#### Team’s findings

The home meets this expected outcome

The home has a system for identifying and monitoring goods and equipment required for providing a quality service for care recipients and staff. The home has a scheduled preventative maintenance program, and the maintenance manager is advised of corrective maintenance through the electronic maintenance request system. Regular purchasing and maintaining of stock is delegated to staff from various areas of the home. Maintenance staff and external contractors maintain and monitor equipment. Replacement and new equipment is reviewed by the physiotherapist and if necessary, training is provided to staff on the use of the equipment. Staff confirmed they have adequate stocks of goods and equipment to undertake their duties. Care recipients/representatives said they are satisfied there are adequate and appropriate stocks of goods and equipment to deliver quality care and services.

### 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

The home has systems that effectively manage the creation, usage, storage and destruction of all records, both hardcopy and electronic. The home has an archiving system for storage, retrieval and destruction of all records. Interviews and documents showed the home effectively disseminates information from management to staff and care recipients/representatives relating to legislation, care recipient care, organisational information and other matters that are of interest to them. Information is made available on an initial and ongoing basis to care recipients and representatives about matters that affect them through care conferences, meetings, one-to-one communication and other correspondence, including emails. Access to care recipients’ clinical and personal care records and an established system of staff handovers facilitate communication between staff about changes in care recipients’ care needs and preferences. There are also mechanisms for staff to communicate with general practitioners and other health and related services personnel. Staff and care recipients/representatives interviewed stated they are kept well informed on all matters that are relevant to 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 uses external contract services to assist in meeting the residential care service’s needs and service quality goals. The organisation undertakes a formal tender process for the selection of external suppliers and corporate staff are responsible for the negotiation and monitoring of external contracts, including the monitoring of police certificates, insurance, legislative and regulatory requirements. Service agreements outline the responsibilities of both the contractor and the organisation. Site staff have access to external contractor information through the organisation’s intranet site. The organisation has a supplier feedback form which is used by management and staff to provide performance feedback on external contractors. The effectiveness of external services is discussed at corporate care manager meetings. Care recipients, representatives and staff said 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 continuous improvement systems and process.

In relation to Standard 2 Health and personal care, staff record care recipient falls, skin trauma, medication, wound and behaviour incidents. Care recipients and staff said they are satisfied the home actively promotes and improves care recipients’ physical and mental health.

Examples of improvements related to Standard 2 Health and personal care implemented by the home over the last 12 months include:

* During the warmer weather, care recipients requested to have the availability of additional opportunities to obtain alternative fluids to maintain their hydration. The home has installed a drink and food dispenser in the lounge area. This has improved the opportunities for care recipients to enjoy alternative fluids to maintain their hydration needs.
* A recent clinical audit identified that the home did not have sufficient supply of pressure relieving mattresses for care recipients that may require this equipment. The home has purchased additional mattresses for care recipient use. This has improved the skin integrity for the care recipients that require additional pressure relieving equipment.

### 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

Management monitors regulatory compliance in relation to Standard 2 Health and personal care through meetings, audits, observation of staff practice, clinical reviews and staff and care recipient feedback. Staff are aware of regulatory requirements relating to care recipients’ health and personal care, including the safe storage of medications.

Examples of how the home ensures compliance in relation to Standard 2 Health and personal care include:

* Assessment and development of care plans by qualified staff;
* Medication is stored safely and securely; and
* Procedure for unexplained absences of care recipients.

### 2.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome.

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development processes.

Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Care recipients and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

Examples of education conducted over the past 12 months in relation to Standard 2 Health and personal care include:

* Cytotoxic medication management;
* Continence management; and
* Wound 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

Care recipients conveyed to the team they are very satisfied with the care provided by the home. There are systems in place to ensure that each care recipient receives appropriate clinical care; this includes assessment of individual care needs carried out by the multi-disciplinary team following moving into the home. Care plans are developed with information collected from the assessments, goals are set and interventions documented with strategies for meeting the individual needs. The registered nurses review, update and evaluate care plans three monthly and when a change in the care recipient’s condition is identified. Consultation with care recipients and their representatives is undertaken in relation to their care including family conferences which are conducted following moving into the home and annually. Consultation with the care recipient’s medical practitioner of choice and other relevant health care specialists ensures that ongoing needs are met. Relevant documents, care recipient’s and their representatives and staff confirmed the above.

### 2.5 Specialised nursing care needs

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

#### Team’s findings

The home meets this expected outcome

The home has a system to ensure that care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. When a care recipient is identified as requiring specialised nursing care the registered nurses oversee all aspects of assessment, care planning, provision and review. Links have been established to specialists and specialist advisers within the extended health care team who provide support, equipment and training when required. Observations revealed there is sufficient equipment and supplies to provide specialised nursing care. Staff, care recipients and their representatives and documentation confirm that care recipients’ specialised nursing care needs are met.

### 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

A system is in place to ensure that care recipients are referred to appropriate health specialists in accordance with their needs and preferences. The need for referral is identified by the registered nurses in consultation with the medical practitioner and/or care recipients/representatives. A podiatrist, optometrist, audiologist, dietician and speech pathologist visit care recipients in the home as required. The physiotherapist attends the home four days per week to assess care recipients, develop care plans and provide and advise on pain management and physiotherapy as required. Care recipients and their representatives and staff and clinical documentation confirmed the home has an efficient and effective system for referral of care recipients to appropriate health specialists. Staff advised and care recipients confirmed that the home arranges referrals and transportation to appointments as necessary.

### 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 an efficient and effective system which ensures that each care recipient’s medication is managed safely and correctly. Care recipients reported to us they are satisfactorily assisted with their medication requirements. The system includes assessing each care recipient’s medication needs following admission, liaising with the medical practitioner to arrange for medications to be ordered and regularly reviewed and liaising with the pharmacist for the supply of medications. All medications are administered by the registered nurses via a blister packaging system. A consultant pharmacist regularly reviews care recipients’ medication and a medication advisory committee meets on a regular basis. The team observed all medications to be safely stored. Policies and procedures and a system for reporting medication incidents are in place and medication audits are conducted.

### 2.8 Pain management

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

#### Team’s findings

The home meets this expected outcome

The home has an effective system to assess and manage care recipients’ pain. Staff and clinical documentation confirm that a pain management assessment and history of pain is carried out for all care recipients on moving into the home and as necessary, a pain management plan is implemented, documented and regularly reviewed. Further assessments are undertaken as required when the level of pain changes or strategies are no longer effective. The physiotherapist and registered nurses oversee the assessment and management of care recipients’ pain and provide regular massage treatment. Both pharmaceutical and non-pharmaceutical pain relief is considered when planning pain management. Non-pharmaceutical strategies include repositioning, massage and heat. Care recipients are referred to pain management specialists and clinics as necessary. Care recipients and their representatives confirm that care recipients are maintained as free from pain as possible.

### 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 provides the opportunity for all care recipients to complete an advance care directive. Decisions regarding the management of end of life care for care recipients are made in consultation with the care recipient, their representative and medical practitioner. The home has access to the *Geriatric Flying Squad* service for clinical support and pain relief as needed. Care recipients’ representatives are kept informed of the care recipient’s condition and family are welcome to stay with the care recipient at end of life. The pastoral carer provides support and makes arrangements for appropriate visits from ministers of religion on request. Staff demonstrated an awareness of the needs and requirements of the terminally ill to ensure dignity and comfort.

### 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

There are systems to ensure care recipients receive adequate levels of nourishment and hydration. Care recipients’ nutritional and hydration needs, preferences and allergies are recorded and passed to the kitchen. Care recipients’ weight is monitored regularly. Monitoring is increased and the care recipient is referred to a dietician if there are nutritional concerns. Special diets and varied consistency of meals, including thickened fluids, are available as required. Nutritional drinks are provided as a dietary supplement to assist in reversing weight loss. Care recipients’ swallowing ability is assessed by a speech pathologist if there are concerns. Staff supervise and assist care recipients with their meals as necessary and adapted crockery and cutlery is also available. Care recipients and their representatives, staff and review of documentation confirmed that care recipients’ nutrition and hydration needs are assessed, documented and regularly reviewed and acted upon.

### 2.11 Skin care

This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.

#### Team’s findings

The home meets this expected outcome

The home has a system to ensure that care recipients’ skin integrity is consistent with their general health. Staff and clinical documentation confirm that care recipients have a skin assessment completed after moving into the home. Care recipients identified at risk have skin integrity care plans with management strategies outlined. Care recipients’ skin integrity is monitored daily by staff who report any abrasions, rashes or abnormality to the registered nurses. A range of equipment and practices is utilised to assist in the maintenance of care recipients’ skin integrity such as special mattresses and pressure relieving devices, pressure area care, repositioning, protective bandaging and equipment and moisturising creams. The management of all wounds is undertaken by the registered nurses. A wound management chart that documents the dressings required, frequency of treatment, evaluation and progress of healing is commenced for care recipients who have skin tears or wounds. Care recipients and their representatives are satisfied with care provided to maintain skin integrity.

### 2.12 Continence management

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

#### Team’s findings

The home meets this expected outcome

The home has a comprehensive system to ensure that care recipients’ continence is managed effectively. Clinical documentation showed that the system includes an individual continence assessment when the care recipient moves into the home, the development of a care plan and where needed a toileting program which is regularly reviewed and evaluated. Toileting regimes are maintained for as long as possible. A disposable continence aid system is used for care recipients with intractable incontinence and staff confirm there are always adequate supplies of continence aids of varying sizes available for care recipients. Staff advised that the suppliers of continence aids are available for consultation and advice. Care recipients are assisted to maintain their bowel function in a number of ways, such as through high fibre diet, fresh fruit, exercise and medications, bowel movements are monitored to ensure these interventions are effective. Care recipients and their representatives expressed satisfaction with the way care recipients’ continence is managed.

### 2.13 Behavioural management

This expected outcome requires that “the needs of care recipients with challenging behaviours are managed effectively”.

#### Team’s findings

The home meets this expected outcome

The home has systems to ensure that the needs of care recipients with challenging behaviours are managed effectively. Clinical documentation confirmed that all care recipients receive behavioural assessments following moving into the home and on a regular basis. Challenging behaviours are identified and management strategies and appropriate programs are implemented and regularly reviewed. The home has access to specialised services including geriatricians and the mental health team. The home has a restraint-free policy. Observations and talks with care recipients, their representatives and staff indicate that care recipients’ behavioural issues are treated with patience and understanding in an effective and efficient manner.

### 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 effective system in place to ensure that optimum levels of mobility and dexterity are achieved for all care recipients. Staff and documentation reviewed revealed that all new care recipients are assessed by the physiotherapist for mobility, dexterity and manual handling requirements when moving into the home and when necessary. The physiotherapist develops individualised programs where required, which are provided by the physio aide and nursing staff and are regularly reviewed. An exercise program is offered and care recipients are encouraged to attend. There is a wellness centre where we observed the care recipients undertaking exercises. There is a range of mobility aids and equipment to assist care recipients to move independently and staff to assist in moving care recipients safely. Care recipients and their representatives stated that care recipients are satisfied with the assistance they receive to maintain or improve their mobility and dexterity.

### 2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

#### Team’s findings

The home meets this expected outcome

The home has strategies in place to ensure that care recipients’ oral and dental health is maintained. Review of clinical documentation showed that care recipients’ oral hygiene is assessed, documented, regularly reviewed and acted upon. Staff are trained to supply ongoing oral and dental hygiene by observation, mouth care, either prompting or assisting care recipients to clean teeth and/or dentures. Referrals to specialist dental services and technicians are made as required. Staff demonstrated knowledge on oral care and care of dentures. Care recipients and their representatives confirmed that where necessary care recipients’ dentures are checked daily and/or care recipients are assisted to brush their teeth.

### 2.16 Sensory loss

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

#### Team’s findings

The home meets this expected outcome

The home has a system in place to identify and effectively manage care recipients’ sensory losses. Assessments of care recipients’ sensory needs are undertaken when moving into the home and when there is a change in the care recipient’s condition. Staff and clinical documentation confirm that care recipients are assessed for the identification of their sensory loss and needs. Care recipients who are identified as having sensory deficits, for example, require glasses or hearing devices, have management strategies documented in their care plans and are assisted to access services or equipment that will support them. Clinical documentation reviewed also showed that referrals are made to specialist services as required. Care recipients and their representatives reported that staff assist care recipients’ where necessary, with the care and maintenance of their glasses and hearing devices.

### 2.17 Sleep

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

#### Team’s findings

The home meets this expected outcome

The home has strategies in place to assist care recipients to achieve natural sleep patterns. The home identifies the care recipient’s usual and preferred sleeping patterns on admission and uses this information to assist in supporting the care recipient to develop a regular sleep pattern. Strategies implemented to assist care recipients achieve natural sleep patterns include management of environmental disturbances, continence management programs and pain management programs. Care recipients and their representatives advised that the environment is conducive for care recipients to achieve uninterrupted sleep.

## Standard 3 – Care recipient lifestyle

### Principle:

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

### 3.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 3 Care recipient lifestyle, *‘resident’* meetings and surveys processes are used to gather suggestions. Care recipients and representatives are consulted during care and lifestyle evaluations and feedback is actioned. Staff are aware of their role in assisting and supporting care recipients and representatives to provide feedback and suggestions.

Examples of completed continuous improvement activities achieved in the last 12 months relating to Standard 3 Care recipient lifestyle include:

* The home has identified that some care recipients have an interest in gardening, but are unable to manoeuvre around the external garden areas. The home has introduced an indoor gardening program for interested care recipients. This has improved the recreational opportunities for care recipients with an interest in gardening.
* The home identified that many of the care recipients do not have the opportunity to interact with younger people from the general community. The home has introduced a program for young people to come to the facility to interact with the care recipients. Feedback from the care recipients has been positive, and this has improved the community involvement for care recipients living in the home.

### 3.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Management monitors regulatory compliance in relation to Standard 3 Care recipient lifestyle through meetings and care recipient and representative feedback. Care recipients’ rights and responsibilities are discussed with care recipients and representatives prior to entry to the home and at ‘*resident’* meetings. Staff feedback demonstrated their awareness of compulsory reporting requirements, including protecting care recipients’ privacy and maintaining confidentiality of care recipients’ information**.**

Examples of how the home ensures compliance in relation to Standard 3 Care recipient lifestyle include:

* Care recipients’ consent to release of information;
* Residential care agreements; and
* Procedure for mandatory reporting of elder abuse.

### 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 information about the home’s education and staff development processes.

Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Staff demonstrated they have the appropriate knowledge and skills to provide lifestyle services to care recipients.

Examples of education conducted over the past 12 months in relation to Standard 3 Care recipient lifestyle include:

* Dementia – everyday care;
* Cultural diversity in ageing; and
* Meaningful activities.

### 3.4 Emotional support

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

#### Team’s findings

The home meets this expected outcome

The home has a system to ensure care recipients receive support in adjusting to life in the home and on an ongoing basis. Staff and documentation demonstrate support is provided prior to the care recipient moving into the home by conducting an entry consultation with the care recipient and/or their representative. This includes the explanation of services available at the home, provision of an information pack and a tour of the home. Care recipient files confirmed their emotional needs are documented and monitored and that the pastoral carer and staff provide support to those who require it. Any special needs a care recipient may have are ascertained through the initial assessment and ongoing process. Observations of staff interactions with care recipients showed warmth, respect, empathy and understanding. Care recipients and their representatives told us they are satisfied with the way care recipients were assisted to adjust to life in the home and are assisted on an ongoing basis.

### 3.5 Independence

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

#### Team’s findings

The home meets this expected outcome

The home has an environment that encourages care recipients to maintain independence and friendships and participate in the life of the community within and outside the home. Care recipients’ independence is also fostered through having personal items and photographs in their rooms, provision of mobility aids and modified utensils and cutlery to assist with eating and drinking, a varied activity program and the ability and assistance provided to vote in government elections. Care recipient files showed they are actively encouraged to maintain independence in areas such as decision-making, personal hygiene and attendance at activities. Care recipients and their representatives told us care recipients are encouraged by the home to maintain their independence and friendships.

### 3.6 Privacy and dignity

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

#### Team’s findings

The home meets this expected outcome

The home has a comprehensive system that ensures each care recipient’s right to privacy, dignity and confidentiality is recognised and respected. Staff interviews, observation of staff practices and interactions with care recipients demonstrates that staff treat care recipients respectfully and with dignity. The home has a system to gain consent from care recipients or their representative in relation to privacy, for example display or publish photographs. We observed care recipient’s clinical files to be stored securely and no information of a private nature was on display in areas where unauthorised persons could access. Care recipients and their representatives confirm staff treat care recipients in a dignified manner and with respect.

### 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

There are systems that demonstrate care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. On entry to the home, care recipients are consulted in relation to their past and current leisure interests and activities which assist in the development of the activities program. The recreational activity officers develop a monthly program including sensory, cognitive, emotional and physical activities. The program is evaluated bi-monthly and modified in response to attendance and ongoing care recipient feedback. The program includes exercise classes, regular concerts, bus outings, happy hour, quoits, cooking, quizzes and word games. Celebratory themes are held throughout the year. A copy of the activities program is displayed around the home and the activity officers personally inform care recipients of the program and encourage attendance on a daily basis. Care recipients and their representatives are satisfied participation is encouraged and supported and the activities offered by the home are of interest to the care recipients.

### 3.8 Cultural and spiritual life

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

#### Team’s findings

The home meets this expected outcome

Care recipients’ cultural and spiritual needs are fostered through the identification and communication of care recipient’s individual interests, customs, beliefs and cultural and ethnic background during the assessment process. The home recognises and celebrates culturally specific days consistent with the care recipients residing in the home. Culturally significant days and anniversaries of importance to the care recipients are celebrated with appropriate festivities. The home has a pastoral carer, ministers of various denominations visit the home and provide regular religious services on site. Care recipients and their representatives stated they are satisfied with the care the home provides to support the care recipients cultural and spiritual lives.

### 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

There are systems that ensure each care recipient and/or their representative is able to exercise choice and control over care recipients’ lifestyle. Examples of this are; care recipients being given the choice of their own medical practitioner, being able to participate in decisions about care and services provided through consultation processes, having diet preferences documented and communicated to the catering staff and what activities they participate in. A *‘residents’* and relative meeting is held bi-monthly where care recipients and their representatives are encouraged to attend to express views about care and service provision. The Charter of Care Recipient’s Rights and Responsibilities is clearly displayed in the home. The home provides opportunities and support for care recipients wishing to vote at government elections. Care recipients and their representatives confirm care recipients are provided with choice and are able to make decisions about their lifestyle. One care recipient told us that staff only explain things to them ‘some of the time’.

### 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. Staff members at the organisation’s head office are available to discuss relevant information about accommodation, fees, care and services prior to a move into the home. All care recipients and/or their representatives are offered a residential agreement and information package which outlines care and services, rights and complaints resolution processes. The manager advised that any room changes within the home are discussed and agreement reached prior to any moves being undertaken.

## 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 continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems, regular internal and external audits and workplace inspections are completed to monitor the safety and comfort of the environment. Staff contribute to continuous improvement through suggestions and the hazard and incident reporting processes.

Examples of completed continuous improvement activities achieved in the last 12 months relating to Standard 4 Physical environment and safe systems include:

* The home identified that some of the care recipients had increasing levels of frailty and required wheelchairs to attend the dining room. This presented some difficulty for the care recipients to sit with the other care recipients they preferred to sit with as the dining room tables were not large enough to accommodate wheelchairs. The home has purchased larger tables to accommodate the use of wheelchairs. This has improved the dining experience for care recipients using wheelchairs in the dining room.
* The home received feedback that the carpet in the common areas and corridors was looking well used and out of date. The home has replaced the carpets and care recipient feedback has been positive. This has improved the living environment for care recipients and visitors to the home.

### 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 information about the home’s regulatory compliance systems and processes.

Management monitors regulatory compliance in relation to Standard 4 Physical environment and safe systems through meetings, workplace audits, staff and care recipient feedback. Policies and procedures relating to fire safety, infection control, and work health and safety are available. Relevant information is available to staff through education sessions, meetings and communication books. Staff said they are aware of regulatory requirements relating to the physical environment and safety systems, including their responsibilities in the event of an emergency.

Examples of how the home ensures compliance in relation to Standard 4 Physical environment and safe systems include:

* Food safety licence issued by the NSW Food Safety Authority and achieved an “A” rating;
* Current fire safety statement; and
* Work health and safety processes.

### 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 education and staff development processes.

Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Care recipients and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively. Observations confirmed the home has systems in place to provide a safe environment.

Examples of education provided to staff over the past 12 months in relation to Standard 4 Physical environment and safe systems, include:

* Fire and emergency;
* Use of chemicals;
* Infection control; and
* Manual handling.

### 4.4 Living environment

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

#### Team’s findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment that is consistent with care recipient needs**.** Care recipients are accommodated in single rooms with bathrooms and have access to clean, well-maintained communal, dining and outdoor areas with sufficient and appropriate furniture. Processes to maintain care recipient safety include the use of appropriate signage and lighting, monitoring of call bells, and staff lock-up procedures. The home has a minimal restraint approach and restraint is only used in consultation with the care recipient and/or representative, clinical team and medical officer. Results indicate the home monitors and maintains the environment through preventative maintenance processes, workplace audits, incident and hazard reporting and observations. Staff said they are aware of their reporting responsibilities with regard to absconding care recipients, incidents and hazards. Care recipients and representatives said they are satisfied with their accommodation and that the home is clean, safe and comfortable.

### 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 systems to provide a safe working environment that meets regulatory requirements. Work, health and safety is monitored by site staff and reported to the corporate office via the electronic intranet system. The work, health and safety and risk management framework is available to site staff on the intranet system. Compulsory work, health and safety training is provided to new staff during their orientation and yearly practical manual handling education is conducted by the physiotherapist. Chemicals are securely stored and the home has safety data sheets available for staff reference. Results show the home monitors safety systems and the environment through observations of staff practice, workplace audits, incident and hazard reporting, and preventative maintenance processes. Management and staff said they are aware of their responsibilities in maintaining a safe work environment and staff said management provides equipment and resources to maintain a safe working 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.

Management and staff are actively working to provide an environment with safe systems of work that minimise fire, security and emergency risks. The home has a current annual fire safety statement, disaster plan and evacuation procedures. There are evacuation maps located throughout the home and external providers monitor the security, fire and emergency systems. Regular electrical testing and tagging of all equipment is undertaken and pest control monitored by an external contractor. The home has after-hours lockdown procedures to maintain care recipient and staff safety. Documentation sighted confirms staff attend compulsory fire training which covers fire and emergency procedures. Staff described their responsibilities in the event of an emergency. Care recipients/representatives said they have been informed of what to do in the event of an emergency and that fire safety is discussed at ‘*resident’* and relative meetings. One care recipient interviewed stated they only felt safe some of the time because they would feel safer in their own 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 to assess and ensure the safety of both care recipients and staff. The program includes audits, surveillance and reporting processes, ongoing staff education, outbreak management, cleaning programs, maintenance and food safety programs. Personal protective equipment was observed to be in place in appropriate areas being used by staff, including kitchen, laundry and cleaning staff. There are facilities throughout the home for hand washing and/or cleansing. Hand sanitisers are also located throughout the home. Colour coded mops were observed to be in use within the home and located in appropriate areas. Responsibilities and accountabilities have been identified for all staff. Care recipient infections are “mapped” which allows for tracking if an outbreak occurs, and reported and included in the organisational benchmarking indicators. The home has vaccination programs for both care recipients and staff and these are monitored. Waste disposal practices are evidenced within the home to be appropriate. The industrial washing machine in the laundry is able to be programmed to wash contaminated linen.

### 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.

The home provides hospitality services that meet the needs of care recipients that enhances their quality of life. All meals are prepared on-site in line with a four-week rotating menu, which has been reviewed by a dietitian. Care recipients’ individual dietary needs and preferences are communicated to hospitality staff and meals and snacks are served according to this information. All care recipients’ personal clothing is laundered on-site. The home utilises an external service provider for all other linen. The home utilises an external provider for cleaning services. Cleaning schedules guide cleaning of care recipient rooms, staff and communal areas. Cleaning and laundry services are guided by infection control procedures. The home monitors the effectiveness of hospitality services through audits, ‘*resident’* and relative meetings, feedback and observations. Staff said they are aware of care recipients’ needs and preferences and are satisfied with their working environment. Care recipients interviewed generally expressed a high level of satisfaction with the catering, cleaning and laundry services provided by the home. Two care recipients said they only like the food ‘some of the time’’. Both these care recipients stated that they had some digestive issues and one said they would rather be in their own home.