



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Catholic Healthcare St Francis Aged Care RACS ID: 0376

Approved Provider: Catholic Healthcare 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 13 October 2017

Reconsideration Decision

An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 27 February 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 29 April 2015 to 29 November 2018.

Reason for decision

Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

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>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from

13 October 2017

Accreditation expiry date

29 November 2018



Australian Government

Australian Aged Care Quality Agency

St Francis Aged Care

RACS ID 0376
85-89 Clinton Street
ORANGE NSW 2800

Approved provider: Catholic Healthcare 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 29 April 2018.

We made our decision on 27 February 2015.

The audit was conducted on 28 January 2015 to 29 January 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

St Francis Aged Care 0376

Approved provider: Catholic Healthcare Limited

Introduction

This is the report of a re-accreditation audit from 28 January 2015 to 29 January 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 28 January 2015 to 29 January 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:	Colleen Fox
Team member/s:	Helen Ledwidge

Approved provider details

Approved provider:	Catholic Healthcare Limited
--------------------	-----------------------------

Details of home

Name of home:	St Francis Aged Care
RACS ID:	0376

Total number of allocated places:	54
Number of care recipients during audit:	51
Number of care recipients receiving high care during audit:	44
Special needs catered for:	Dementia care:10 place secure unit

Street/PO Box:	85-89 Clinton Street	State:	NSW
City/Town:	ORANGE	Postcode:	2800
Phone number:	02 6362 9400	Facsimile:	02 6362 5264
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Manager/Registered nurse (RN)	1	Residents	8
Quality officer	1	Representatives	2
Registered nurse	1	Recreational activities staff	2
Care staff (including continence care staff member)	7	Pastoral care coordinator	1
Community mental health case manager/RN	1	Chef and catering staff	2
Mentor	1	Contract cleaning/laundry manager	1
Physiotherapist	1	Laundry staff	1
Administration assistant	1	Cleaning staff	2
Fire safety officer	1	Maintenance staff	1

Sampled documents

	Number		Number
Residents' files	7	Resident agreements	3
Summary/quick reference care plans	7	Service agreements	4
Case conference reports	2	Staff files (including confidentiality agreements)	5
Medication charts	8		

Other documents reviewed

The team also reviewed:

- Accident/incident reports, electronic incident management register
- Audit schedules, audit results, clinical indicators
- Cleaning and laundry manuals, schedules, inspection records
- Clinical care documentation including advance care directives and end of life care; individualised continence management, continence aid requirements and toileting programs; behaviour management, pain management; nutrition and hydration requirements, preferences and weight monitoring matrix; diabetic management including blood glucose level parameters; residents' signed risk acknowledgement forms
- Clinical care information systems: registered nurse on-call records; schedule for medical practitioner reviews of residents; care plan review schedule; communication methods including notebooks for allied health professionals and faxes to medical practitioners
- Continuous improvement register, plan for continuous improvement, improvement forms
- Education calendars, staff training needs analysis, education records including mandatory training, skill assessments

- Emergency procedures manual, disaster contingency plan
- Infection control policies, procedures, infection surveillance data, outbreak management plans
- Leisure, lifestyle, and activities documentation including individual resident assessments, social history, spiritual/pastoral care documentation; care plans, activities program, resident participation records and evaluation of activities; activities survey
- Medication documentation including medication reviews, medication advisory committee minutes, medication refrigerator temperature monitoring records
- Meeting schedule, meeting minutes
- New employee pack, staff handbook, code of conduct
- New resident pack, resident handbook
- NSW Food Authority report, food safety plan, food and equipment temperature records, kitchen cleaning schedules, meal/drink preference lists, menu, supplements and thickened fluids lists
- Organisational charts
- Orientation program, orientation core skills workbook, position descriptions, duty lists, task lists
- Physiotherapy documentation including individualised programs
- Planned preventative maintenance schedule, records, maintenance requests, preferred supplier list
- Police certification list, professional staff registrations
- Policies, flowcharts, procedure manuals
- Reportable incidents folder, records
- Satisfaction survey results - residents, staff
- Service reports - pest control, legionella, electrical equipment risk assessment, fire safety inspection
- St Francis Aged Care self-assessment documentation for re-accreditation
- Staff feedback and development schedule, forms
- Staff rosters, leave planner, enterprise agreement
- Water temperature records
- Work Health and Safety (WHS) notices, workplace incident records, return to work program, environmental inspection reports, WHS and injury management policies

Observations

The team observed the following:

- Activities in progress and activity program displayed
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Brochures/posters - external complaint and advocacy services, various others
- Charter of residents' rights and responsibilities displayed
- Chemical storage, safety data sheets
- Feedback/improvement forms, suggestion box

- Fire safety instructions, equipment, evacuation plans, emergency evacuation bag, annual fire safety statement, emergency procedures flipcharts
- Infection control resources - hand wash basins, hand sanitisers, personal protective equipment, colour coded equipment, outbreak kit, sharps containers, spill kits
- Information on noticeboards (staff, residents), whiteboards and menu boards
- Interactions between staff, residents and visitors
- Living environment - internal and external
- Manual handling and mobility equipment in use and in storage
- Medication round, storage and administration
- Mental health case manager visiting from specialist mental health services for older people (SMHSOP)
- Menu on display, lunch time meal service, daily distribution of water jugs and glasses to resident rooms
- Mission, vision, values statements displayed
- NSW Food Authority licence
- Resident and visitor sign in/out books
- Secure storage of resident information, security systems
- Short structured group observation in activities lounge
- Staff work areas and practices, staff handover report (verbal)
- Storage of supplies, including clinical

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 has an effective system for actively pursuing continuous improvement across all four Accreditation Standards. The continuous improvement program includes activities to monitor, assess, action, review and evaluate the home's processes, practices and service delivery. Suggestions and ideas for improvement are initiated by all stakeholders through meetings, audit results, feedback, surveys and verbal discussion. Management and quality meetings contribute to the development of the continuous improvement plan to action improvements. Activities which support continuous improvement include regular resident/representative, committee and staff meetings, internal and external audit programs and trend analyses of clinical indicators. All stakeholders are provided with feedback on improvement actions taken as appropriate.

Examples of improvements in relation to Accreditation Standard One, Management systems, staffing and organisational development include:

- The organisation has introduced focussed education programs that are delivered to staff in the home each month. The programs include factsheets, quizzes and resources to assist senior staff in educating care staff. An incentive program has been developed to encourage staff to participate. This has been successful in motivating staff to complete the quizzes and staff find the programs useful.
- It was recognised staff were requesting and being granted leave resulting in too many staff away at one time. To address this, a leave planner has been placed in the staff room and limits placed on the number of staff permitted leave at one time. Staff can now see at a glance how many staff are on leave and this has decreased staff leave requests to management when it may not be available.
- Staff were requesting to work specific shifts to suit their individual preferences. Each staff member completed a form to indicate their preference and shift changes. Following a review the manager made changes to the roster where possible. This has improved the quality of family life for staff, improved staff morale and has reduced the amount of sick leave being taken.
- With an increase in residents' care needs additional staff hours have been introduced. An extra four hour morning shift on the weekends in the dementia specific unit allows more time for staff to assist residents. It also enables closer supervision of all residents in the unit. Additional hours have been allocated for morning and afternoon shifts in other areas of the home to cater for residents' oral, dental and personal care. This ensures residents receive appropriate care.

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

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Head office staff, peak body and association memberships, legislative updates and Department of Social Services information ensures management receive updates of all legislation and regulations. Staff are informed of regulations, professional standards and guidelines in the staff handbook, at orientation and through annual compulsory education sessions. Updated information is made available through memos, meetings and education sessions. Head office staff ensure currency of policies, procedures and forms. Monitoring of compliance includes scheduled audits, staff skill assessments and observation of staff practices. Staff demonstrated awareness of current legislation.

Examples of compliance relating to Accreditation Standard One include:

- There is a system to ensure all staff, volunteers and contractors, as necessary, have current national criminal history certification.
- A review and update of policies in response to legislative changes, such as for privacy and for reportable incidents, have been completed and are current.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

There are systems to ensure management and staff have appropriate knowledge and skills to effectively perform their roles. Staff are encouraged and supported to attend education programs internally and externally covering the four Accreditation Standards. Skill assessments are conducted at orientation and as necessary. Staff development and training needs are established and an education calendar is planned to include annual compulsory topics, staff skill requirements and staff feedback. In-service sessions are developed in response to resident care needs, legislative changes, audit results and analyses of clinical indicators. Staff development is supported through traineeships and certificate program education. Training and education is offered on site in small groups, one-on-one, and through audio-visual resources. Staff participation is monitored and recorded and programs are evaluated. Residents/representatives interviewed are satisfied staff are providing appropriate care for residents’ needs.

Examples of education and training attended over the last year in relation to Accreditation Standard One include: orientation, code of conduct, aged care funding instrument (ACFI), privacy policy, understanding accreditation, documentation, teamwork and Certificates III and IV in Aged Care Work. Management attended sessions on residential aged care reform changes.

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 feedback and complaint mechanisms available to all residents/representatives. On entry all new residents are made aware of feedback mechanisms and advocacy services outlined in the resident handbook, the agreement and brochures. Feedback forms and brochures for accessing external complaints and advocacy services are readily available, and a suggestion box is centrally located. The manager has an open door policy and reports most issues are raised face-to-face. Satisfaction surveys are conducted and resident meetings provide forums for feedback and updates on actions taken in relation to resident initiated issues. Complaints reviewed indicate issues are acknowledged, investigated and feedback is given to complainants. Complaints are handled confidentially and are registered and analysed monthly. If appropriate, issues are transferred to the continuous improvement program. Staff demonstrated awareness of complaint procedures. Residents/representatives said if they have any concerns they do not hesitate to raise them with staff and are generally satisfied with the resolution.

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

Documentation and interviews with management and staff confirm a commitment to quality within the home. The organisational vision, mission and values statements are documented in the staff code of conduct, staff and resident handbooks and values statements are displayed. The Charter of residents' rights and responsibilities is on display and is included in the resident agreement received on entry. The home's operations are supported by regional and head office staff and this support, combined with audit and quality management programs, ensures an ongoing commitment to quality care for residents.

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 has skilled and qualified staff sufficient to deliver appropriate levels of care to residents. Staff are recruited in consideration of resident needs and a minimum certificate III qualification is preferred for care staff. The home is supported by the human resources department and criminal history certification is obtained prior to employment and is monitored for renewal. All new staff complete a comprehensive orientation program supported by a mentor and work buddy shifts. Staff sign to acknowledge confidentiality of information. Position descriptions, duty lists, handbook, policies and procedures inform staff of care and service delivery requirements. Staff practices are monitored through observation, skill assessments, annual performance and development reviews, feedback and audit results.

Staff rosters are adjusted according to workloads and registered nurses work Monday to Friday and are on call at all other times. Casual staff are available to cover staff leave requirements. Staff said they enjoy working at the home, they work as a team and mostly have sufficient time to complete shift duties. Residents/representatives expressed satisfaction with care provided by staff and residents said they are generally assisted when necessary in a timely manner.

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

There are systems and processes to order and have available stocks of goods and equipment appropriate for quality service delivery. Stock levels are managed, maintained and ordered by staff in the home. All storage areas viewed showed there are adequate supplies, stock is rotated and relevant items are stored appropriately in locked storage areas. Preferred suppliers are used and services are regularly monitored and evaluated. Processes are in place for the replacement of unsuitable goods. The maintenance program assists in monitoring equipment and identifying replacement needs. For any new equipment training of staff is conducted. Staff and residents interviewed said there are adequate supplies of goods and equipment available for use.

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 and have access to current policies, flowcharts, procedures and forms. Updated information for staff is available through verbal handover, care documentation, communication books, memos, noticeboards and meetings. All staff have access to electronic and hard copy policies and flowcharts. Key staff have access to management electronic systems. A resident agreement, information pack and handbook inform residents and representatives and updated information is provided through meetings, noticeboards and verbal communication. Residents/representatives interviewed believe they are kept informed and up to date. There are policies and procedures for confidential storage, electronic back up and appropriate management of all records in the home.

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 and processes to ensure external services are provided to meet the care and service needs of residents. Preferred external suppliers are managed by the

organisation and the home through service agreements or contracts. Service agreements/contracts include specifications of service delivery, qualifications, insurance, criminal history certificates and registration details as appropriate. All work performed is monitored for quality and staff provide feedback to management regarding the effectiveness of services. Staff are satisfied with the quality of services provided by external suppliers and the processes in place to ensure services meet both the home and residents' needs.

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 regarding the continuous improvement system which exists in the home. Staff suggestions, feedback and monthly analysis of resident incidents, such as falls, skin tears, behaviours, and medication contribute to improvements in relation to Accreditation Standard Two, Health and personal care. Some examples of improvements over the last year include:

- Management identified staff on days off were not always receiving adequate information in relation to resident issues or changing care needs. A weekly exception report form has been introduced and this is working well. Staff are more knowledgeable of residents' care needs over the week and can follow up with appropriate care as necessary.
- To address a lack of storage and to prevent medication errors multi-dose medication blister packaging has been introduced. This provides care staff with an easier process to administer medications. Medication administration practices have improved with decreased medication errors and staff signage omissions.
- Inconsistent staff practices necessitated the need for a review of skin care management. The registered nurse has completed wound assessments and a review of practices. To assist staff a skin tear kit has been developed and dressing boxes for individual residents arranged. This ensures consistent practices and appropriate products are used for residents' wound care.
- With warmer weather the need for residents to have access to increased fluids was identified. Jugs with a lid, and of a manageable size, and a cup have been purchased for each resident's room. These are filled daily and are available for residents whenever they wish.

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:

- Medication storage and medication administration staff practices are monitored for compliance.
- There is a system to manage unexplained absences of residents in accordance with regulatory requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development, for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to health and personal care. Some of the topics include: falls prevention, pain management, medication management, dementia care, continence management, Parkinson’s disease, diabetes, behaviour management, wound care, clinical skills, nutrition and hydration.

2.4 Clinical care

This expected outcome requires that “care recipients receive appropriate clinical care”.

Team’s findings

The home meets this expected outcome

Residents receive clinical care that is appropriate to their individual needs and preferences. There is an ongoing review and evaluation system for identifying, communicating and managing residents’ health and personal care needs. Processes include an assessment of each resident by medical, nursing and recreational activities staff on entry to the home and regularly thereafter in consultation with the resident and/or their representative. The information is used to develop individual care plans and staff provide care consistent with documented care plans. Staff monitor residents’ clinical care outcomes using processes which include the collection and review of clinical data and a program of audits. Residents/representatives are satisfied with the extent of consultation and the clinical care provided to the resident.

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

Residents’ specialised nursing care needs are identified, met and reviewed by appropriately qualified staff. The home has policies and procedures relating to specialised nursing care and a system of assessment and monitoring to ensure appropriate management of residents’ specialised nursing care needs. Specialised nursing care currently includes management of residents who have insulin dependent diabetes, swallowing difficulties, pain, require wound care, oxygen therapy and bowel management. Medical and nursing staff refer residents to appropriate specialists and health professionals as necessary. Residents/representatives are satisfied the resident’s specialised nursing care needs are identified and met by appropriately qualified nursing staff.

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

Residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences when necessary. If required, staff assist by obtaining referrals and arranging appointments with health care specialists and residents are accompanied by family, friends or staff to appointments. Resident/representative interviews and clinical records show they have accessed medical and other specialist services including dietetics, physiotherapy, podiatry, pharmacy, speech pathology and pathology services. Specialist recommendations are communicated to relevant staff through written communication systems, staff handover discussions and clinical records documentation. Staff implement changes to care resulting from specialist referrals. Residents/representatives are satisfied referrals to appropriate health specialists are in accordance with the resident’s 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

Residents’ medication is managed safely and correctly by using systems to ensure medication orders are current, residents’ medications are reviewed and the medication management system is monitored. Medication audits are conducted, medication incidents are reviewed, and corrective action is taken as required. A medication advisory committee provides advice on the home’s medication management system and a pharmacist regularly conducts medication reviews on individual residents. The supplying pharmacist provides a timely service with regular and emergency deliveries. Medications are administered via a multi-dose blister pack system, and are stored, administered and disposed of safely and in accordance with regulatory requirements. Suitably trained staff administer medications and skill assessments are conducted. Residents/representatives are satisfied the resident’s medication is managed safely and correctly.

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 as free as possible from pain. The home has systems which include initial and ongoing assessment of each resident’s pain. The effectiveness of residents’ pain management is regularly reviewed in consultation with the resident by the resident’s medical practitioner, the home’s contracted physiotherapist and the nursing staff. Pain management audits are conducted and staff monitor and evaluate interventions to manage residents’ pain effectively. The staff’s approach to managing pain includes attention to clinical and emotional needs to minimise reliance on medication for pain relief. Staff use a range of pain management and preventative strategies including physiotherapy and exercise programs, massage, heat packs and providing medication as prescribed. Residents/representatives are satisfied the resident’s pain is managed effectively and in a timely manner.

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

There are systems to ensure the comfort and dignity of terminally ill residents is maintained and emotional support is provided to the resident. The home’s staff and pastoral care coordinator are available to provide emotional support to residents. Visiting hours are unlimited to accommodate the needs of residents and their representatives. Wishes in relation to end of life care are sought from the resident or their guardian at the time of entry through the assessment process and through ongoing consultation and family conferencing. There is a supportive environment for residents, representatives and staff. Residents remain in the home whenever possible in accordance with their preferences. The home’s staff and the resident’s medical practitioner provide end of life care with support as needed from the community palliative care team. Representatives of residents who recently received end-of-life care were appreciative of the care provided to the resident.

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

Residents receive adequate nourishment and hydration. The home’s systems include initial and regular ongoing assessment and monitoring of residents’ nutritional status. Staff record each resident’s requirements concerning nutrition and hydration, their allergies, dietary preferences, swallowing difficulties and feeding assistance needs on entry to the home and on an ongoing basis. Special diets, thickened fluids and dietary supplements are provided as necessary. Arrangements are made for residents to be assessed and reviewed by a dietician and speech pathologist if required. Staff promote adequate food and fluid intake, supervise and assist residents with their meals as necessary. Staff closely monitor each resident’s dietary intake and nutritional status and identify significant weight changes through regular monitoring of weights. Residents/representatives are satisfied the resident receives adequate nourishment and hydration.

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

Residents’ skin integrity is consistent with their general health and this outcome is achieved through the home’s system of assessment, interventions and reporting requirements. Residents’ skin is assessed on entry to the home and on an ongoing basis and staff use mechanisms such as audits and documentation of skin care to monitor, maintain and improve skin integrity. Staff attend to residents’ specific skin, hygiene, nutrition, hydration and continence needs and document required treatments. A registered nurse oversees wound management and complex wound management is also provided by medical practitioners and

their RN staff. A contracted podiatrist attends to the foot care needs of residents in accordance with resident wishes. Hairdressing services are available on site. Referrals to specialists are arranged when necessary. Residents/representatives are satisfied the resident's skin integrity is consistent with the resident's general health.

2.12 Contenance management

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

Team's findings

The home meets this expected outcome

Staff manage residents' continence effectively which includes assessing residents' bladder and bowel management and continence needs on entry to the home and on an ongoing basis. Staff document individualised continence management information and staff have a system to assist residents with their toileting needs and to provide continence aids. There is a designated staff member who liaises with the continence aid provider to ensure continence aids match the individual needs of the resident. Clinical documentation indicates residents' continence needs are subject to regular and ongoing review and there are processes to promote continence, to prevent and treat constipation and to monitor for urinary tract infections. Residents/representatives are satisfied with the resident's continence management.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The needs of residents with challenging behaviours are managed effectively. Staff perform initial and ongoing assessments to identify residents' behaviour management needs, triggers and strategies. The resident's assessment information is used to develop an individualised care plan. Staff monitor the effectiveness of strategies, review the care plan regularly and make changes as required. Staff arrange referrals to medical specialists and psychiatrists, and access mental health practitioner services such as specialist mental health services for older people (SMHSOP) and the dementia behaviour management advisory service (DBMAS) as required in consultation with the resident's medical practitioner. The home has a secure ten place unit to care for residents diagnosed with dementia. Documented strategies are implemented to provide a calm, safe environment. Residents/representatives are generally satisfied the home has systems and processes to effectively identify and manage residents with challenging behaviours.

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

All residents are assisted to achieve optimum levels of mobility and dexterity. The home has systems to assess, manage and evaluate residents' mobility on entry to the home and on an ongoing basis to achieve optimum levels of mobility and dexterity. The home's contracted part-time physiotherapist assesses each resident's mobility status and falls risk and reviews

residents regularly and following a fall. Residents' manual handling needs, mobility and dexterity aids, falls risk and falls prevention strategies are identified, documented and reviewed regularly as part of the care planning process. The physiotherapist and activities staff run regular group exercise classes for residents and individual exercise programs are developed. Residents/representatives are satisfied with the assistance provided by staff to maintain the resident's mobility.

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

Residents' oral and dental health is maintained. The home has a system for the initial and ongoing assessment, management and evaluation of residents to maintain their oral and dental health. This includes making arrangements for referral to a dentist for further assessment and treatment if needed. The home arranges for residents to access local dental and dental technician services in accordance with their preferences. The resident's medical practitioner is also consulted in the management of dental health as needed. Staff assess residents' oral hygiene needs and document in care plans which are reviewed regularly. The home provides residents with oral and dental care products. Residents/representatives are satisfied the resident's oral and dental health is maintained.

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

Residents' sensory losses are identified and managed effectively. The home has systems to effectively assess residents' sight, hearing, taste, touch and smell. Residents' sensory losses and management are documented in their clinical records and care plans. Referrals are made to a relevant specialist or other health practitioner for further assessment or treatment and residents access optometry and audiometry services as needed. The home's activities program caters to the needs of residents who have sensory losses. Staff provide residents with assistance to adjust to life with sensory loss and to maintain and care for visual and auditory aids. Residents have access to large print books. Residents/representatives are satisfied the resident's sensory losses are identified and managed effectively.

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

Residents are supported to achieve their natural sleep patterns. Residents' sleep patterns are assessed on entry to the home and on an ongoing basis. This includes the resident's preferred sleeping times and routines. The resident's sleep needs preferences and strategies to assist residents with sleep are documented and reviewed as needed by staff. Staff identify and address barriers to natural sleep including pain, continence needs and hunger when planning care. Care staff provide sedation as prescribed and alternatives to medication such

as assistance with toileting and offering food or a warm drink to assist residents to sleep. Reduced noise, comfortable room temperature and other environmental factors are also considered to assist residents achieve natural sleep. Residents/representatives are satisfied with the support provided by staff to the resident to facilitate 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 regarding the continuous improvement system which exists in the home. Resident/representative meetings, surveys and feedback about lifestyle and activities contribute to suggestions for improvement in relation to Accreditation Standard Three, Care recipient lifestyle. Some examples of recent improvements include:

- Relief recreational activity officers (RAOs) were finding it hard to run the activity program. Booklets setting out normal daily routines of activities offered were made up to assist staff. References to actual program requirements are included and staff are finding it easier to cover RAO shifts. This has decreased the time needed to work out what or how to attend to the programmed activities.
- Following attendance at a diversional therapy conference the RAO identified the availability of specific resources for residents living with dementia. A range of picture books have been purchased which residents are enjoying and are using to reminisce. A fiddle box has also been obtained which is well used by residents.
- To improve activities available for residents staff have provided an increased variety of activities. For example, following a resident suggestion a train trip was organised for some residents in the home. Accompanied by staff, residents enjoyed their trip having lunch on the way and sharing many stories of train adventures. Another function held was a fashion parade which was a great success. Staff and residents participated and some residents from another facility attended. Residents were able to purchase clothes and this was greatly enjoyed.

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:

- All new residents receive a resident agreement and handbook which include information about security of tenure, residency rights and financial payment options.
- There is a system for compulsory reporting in accordance with regulatory requirements.

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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to resident lifestyle. Some of the topics include: privacy and dignity, residents' rights, elder abuse and mandatory reporting. Staff attended a diversional therapy conference.

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 receive support in adjusting to life in the new environment and on an ongoing basis. There are systems to ensure each resident receives initial and ongoing emotional support through the pre-entry and entry processes. Staff provide an orientation for new residents and representatives and the pastoral care coordinator is actively engaged in supporting new residents. Residents are provided with a resident handbook, their individual needs are assessed and care is planned and evaluated in close consultation with them and/or their representative. Staff welcome visiting families and friends and residents are encouraged to go on outings. Residents are encouraged to bring in personal items and photographs to help create a homelike atmosphere. Staff provide residents with emotional support including regular one-to-one interaction. Residents/representatives are satisfied with the ways in which staff provide information prior to entry, assist the resident to adjust to life within the home and for their ongoing emotional support.

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

Documentation, staff practices and resident/representative feedback confirms residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Strategies to enable residents' independence to be maximised are identified and documented in the individual resident's record. Residents have ongoing input into decision-making in relation to personal care, lifestyle and health care choices. Resident participation is also encouraged via regular resident/representative meetings. Information about daily menu choices and activities is displayed in communal areas to facilitate independence. The home welcomes visits from resident representatives and residents attend community recreational, social and church activities of their choosing. Staff also encourage and assist residents to achieve maximum independence including through the use of visual, auditory and mobility aids and the exercise program. Residents/representatives are satisfied the resident is assisted to achieve maximum

independence, maintain friendships and participate in the life of the community within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Staff recognise and respect each resident's privacy, dignity and confidentiality. All residents have their own room and some have shared ensuites. Staff respect residents' privacy and demonstrated an awareness of privacy and dignity issues in their daily practices, such as addressing residents by their preferred names, knocking on doors prior to entering rooms and by their demeanour in daily interactions with residents. Residents' end of life wishes including cultural and religious requirements are discussed and recorded. Confidential resident records are stored securely. The Charter of residents' rights and responsibilities is included in the resident agreement and displayed in the home. Residents/representatives are satisfied the resident's right to privacy, dignity and confidentiality is recognised and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems to encourage and support residents to participate in a range of activities of interest to them. On entry to the home, residents/representatives are consulted in relation to the resident's leisure interests and activities. Residents' communication, functional and cognitive abilities are assessed and documented on entry and on an ongoing basis and activities match residents' interests and abilities. Recreational activities staff develop a monthly program of group and individual activities which are evaluated regularly. The activities program is displayed in the home and modified in response to attendance and ongoing resident feedback via mechanisms including surveys and resident meetings. Popular activities currently include vintage car displays, happy-hour, musical entertainment such as belly dancing and singing, bingo, word puzzles, group exercises, art classes and beauty/pamper sessions. There is a dedicated recreational activities officer to cater for the special needs of residents in the ten place dementia care section of the home. Residents/representatives are satisfied resident participation is encouraged and supported and the activities offered by the home are of interest to the resident.

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 individual interests, customs, beliefs and cultural and ethnic backgrounds of residents are valued and fostered. Management and staff ensure residents' cultural and spiritual customs, beliefs and preferences are recognised and valued. Residents' needs and

preferences are identified on entry and care plans are developed and reviewed regularly. Special dates of cultural significance of current residents are observed such as Easter, Christmas and New Year and Anzac Day. Roman Catholic and Anglican religious services are conducted regularly and all denominations are welcome. Other ministers of religion visit the home to meet individual resident needs, and some residents attend community church services. Residents/representatives confirmed the resident's cultural and spiritual needs are recognised and supported.

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

Each resident or their representative participates in decisions about the services the resident receives, and is enabled to exercise choice and control over the resident's lifestyle while not infringing on the rights of other residents. Residents' personal preferences, needs and choices are identified on entry to the home, and reviewed using a range of assessments and consultation with health care professionals, residents and/or their representatives. The resident's right to refuse treatment is respected and residents are able to sign a Consent to take risks form if they choose to participate in activities that may be detrimental to their wellbeing. The resident handbook outlines the services provided by the home and avenues for making suggestions and complaints. Residents (or their guardian where appropriate) provide advance care directives and participate in decisions about the resident's care delivery, personal care, mobility assistance, medical treatment, meals, activities offered and other services provided. Residents are encouraged to participate in decisions by using processes such as surveys, resident meetings, family conferences and other feedback mechanisms. Residents/representatives are satisfied with their participation in decisions about services the resident receives and the effectiveness of the home's processes in enabling the resident to exercise choice regarding lifestyle.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

There are processes to ensure residents have secure tenure within the residential care service and understand their rights and responsibilities. Staff discuss relevant information about security of tenure, fees, care, services and residents' rights with residents and/or their representatives prior to and on entering the home. Prospective residents are given a tour of the home and receive the information pack. On entry residents receive a residential agreement, handbook and brochures which outline care, services and complaints resolution processes. Information on residents' rights and responsibilities is included in the resident agreement and the Charter of residents' rights and responsibilities is displayed in the home. New residents are orientated by staff to the services provided by the home and ongoing communication with residents/representatives is encouraged through scheduled and individual meetings. Residents/representatives said residents feel secure in the home and residents' rights are supported through staff practices.

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 regarding the continuous improvement system which exists in the home. In relation to Accreditation Standard Four, Physical environment and safe systems, improvements are initiated as a result of internal and external audits, infection surveillance, staff and resident/representative feedback. Some examples of recent improvements include:

- Management observed the upstairs level of the home was hot in warm weather and that only some of the residents’ rooms had fans. To address this additional fans have been purchased to ensure all residents’ rooms have one and ceiling fans have been installed in corridors. Hot air extractor units have been fitted. This has greatly improved the temperature and provides a more comfortable living environment for residents.
- Appropriate metal chemical room shelving has been purchased. Previously chemicals were stored on wooden shelves and stored with other items. Chemicals have been separated from other non-chemical stores improving storage and providing easier access for staff.
- It was observed that water was leaking through some bathroom walls and bathrooms are outdated. Bathroom renovations have commenced and are ongoing. This includes waterproofing, installation of non-slip tiles and new raised toilet seats. This improves safety for residents and provides a more pleasing living environment.

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:

- Annual compulsory education is provided for fire safety and a current fire safety statement meets regulatory requirements.
- A food safety program and a current NSW Food Authority licence for vulnerable persons are held.

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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to the physical environment and safe systems. Some of the topics include: manual handling, infection control, first aid, fire safety, safe food handling, Certificate III in Hospitality and chemical 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

The home has systems to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated on two levels of the home in single rooms, some with shared ensuites. Residents may personalise their area. All residents have access to nurse call alarms. There is a central dining room and smaller dining room in another area of the home. Various sitting and lounge areas are available for use with family and friends. A secure environment is provided for residents who may wander. Preventative maintenance schedules ensure the safety of the internal and external environment and equipment. Daily maintenance requests are actioned. Audits and environmental inspections monitor the internal and external environments and staff monitor residents' rooms for clutter. Corridors are fitted with handrails and outside paved and garden areas were observed to be well maintained. Residents/representatives stated they are satisfied with the maintenance and comfort of the environment provided at 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. WHS is a meeting standing agenda item. The system involves audits, inspections, accident and hazard reporting procedures and risk assessments are conducted. Policies, procedures and notices inform staff. An employee assistance program and a return to work program are available if required. Preventative and corrective maintenance programs ensure equipment is in good working order and the environment is safe. An external supplier provides chemicals and chemical safety education is given. Safe work procedures and practices were observed and staff said they have attended relevant education and demonstrated awareness of WHS practices.

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

Systems to minimise fire, security and emergency risks include regular maintenance checks of fire-fighting equipment, alarms and systems by an external company and weekly internal audits. Fire and emergency policies, procedures and notices inform staff and emergency procedure flipcharts are accessible in all areas. An emergency procedure manual including a disaster contingency plan is available. Resident identification data, an emergency evacuation bag, evacuation plans, notices, signage and emergency exits free from obstruction were observed. Fire-fighting equipment inspection and testing is current and an annual fire safety statement is held. Implementation of a fire sprinkler system is planned. Staff interviewed are aware of procedures and have attended compulsory fire training. Preventative processes include environmental audits, appropriate electrical appliance testing and designated smoking areas. Security measures for the home include lock up procedures, security lighting, and alarm systems.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection prevention and control program. Staff demonstrated awareness of standard precautions and the availability of personal protective equipment and colour coded equipment was observed in all areas. Infection control training and hand washing assessments are completed at orientation and conducted annually, and staff have access to guidelines and procedures. Staff practices are monitored and infection surveillance data is collected and analysed monthly. A food safety program, cleaning schedules and laundry practices follow infection control guidelines. External providers are used for pest control and waste management services. Outbreak management resources are available and hand wash basins, hand sanitising gels, sharps' containers and spill kits are accessible. An influenza vaccination program is available for residents and staff are encouraged to be vaccinated.

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

Procedures, policies, and duty lists are in place for hospitality services and staff demonstrated practices are conducted in accordance with infection control and WHS guidelines. Feedback about services is given by residents through surveys, meetings and verbally. Most residents/representatives stated they are satisfied with hospitality services available for residents. Meals are freshly cooked on site following a dietician reviewed rotational menu. Identified food preferences, allergies and special dietary needs are communicated to catering staff. Residents are consulted about menus and their preferred

daily choices. There is a food safety program and the home was recently awarded an 'A' rating by the NSW Food Authority. Contract cleaning staff are in attendance five days a week and follow schedules for residents' rooms and communal areas. All areas were observed to be clean. All personal items are laundered on site by contract laundry staff five days a week and linen is laundered off site. Staff deliver personal items to residents and provide a labelling service. Appropriate storage and sufficient supplies of linen were observed.