



Australian Government

Australian Aged Care Quality Agency

Catholic Healthcare Villa Maria Centre

RACS ID 0549
15a Blackman Parade
UNANDERRA NSW 2526

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 15 December 2019.

We made our decision on 07 November 2016.

The audit was conducted on 27 September 2016 to 29 September 2016. 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.

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:

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.

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: 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 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 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.

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
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Audit Report

Catholic Healthcare Villa Maria Centre 0549

Approved provider: Catholic Healthcare Limited

Introduction

This is the report of a re-accreditation audit from 27 September 2016 to 29 September 2016 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 27 September 2016 to 29 September 2016.

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:	Carol Lowe
Team member/s:	Judith Roach

Approved provider details

Approved provider:	Catholic Healthcare Limited
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Details of home

Name of home:	Catholic Healthcare Villa Maria Centre
RACS ID:	0549

Total number of allocated places:	96
Number of care recipients during audit:	93
Number of care recipients receiving high care during audit:	70
Special needs catered for:	Care recipients with dementia

Street/PO Box:	15a Blackman Parade
City/Town:	UNANDERRA
State:	NSW
Postcode:	2526
Phone number:	02 4271 2377
Facsimile:	02 4255 5824
E-mail address:	kherbert@chcs.com.au

Audit trail

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

Interviews

Category	Number
Residential Manager	1
Deputy Residential Manager	1
Care staff	18
Team Leaders	2
Administration Assistant	1
Chef	1
Catering staff	3
Pastoral Care Coordinator	1
Care Recipients/Representatives	19
Registered Nurses	4
Laundry staff	1
Lifestyle staff including Coordinator	3
Cleaning staff	3
Cleaning company representatives	2
Maintenance staff	1
Physiotherapist	1

Sampled documents

Category	Number
Care recipients' files including advance care directives, progress notes, medical officer notes and referrals, hospital discharge notes, pathology and radiology reports	12
Care plans - initial and extended including health and personal care and lifestyle	12
Medication charts - doctor's authorised charts	20
Continuous improvement log folders 2016 – including improvement suggestions and complaints	3
Personnel files	5
Maintenance folders	5

Other documents reviewed

The team also reviewed:

- Audit calendar –2016
- Care recipients' anticoagulant therapy and diabetes therapy directives – doctors' management directives
- Care recipients' clinical assessments and evaluations including behaviours, continence, mobility, nutrition and hydration, medications including self-administration, mobility, pain, palliative care, oral and dental, sensory, skin, sleep, specialised nursing care including complex wounds and oxygen therapy
- Care recipients' individual clinical and personal care observations, monitoring and treatment charts including behaviours, blood pressure, blood glucose levels, neurological, pain, anticoagulant and insulin drug therapies and wounds including photographs
- Care recipients' individual incident reports including behaviours, falls, infections, medication errors, skin tears and clinical indicator statistical data - monthly registers
- Care recipients' individual lifestyle assessments and evaluations including leisure and lifestyle activities, emotional support needs, independence, privacy and dignity needs; social, spiritual and cultural preferences and choice and decision making including likes/dislikes
- Care staff's daily and monthly care records including care recipient bowel monitoring, nail care, personal hygiene and weights
- Catering records including central kitchen folder (temperature records for freezers, cool room, dishwasher, food delivery, storage and preparation, kitchen cleaning records), dietary information, menu, NSW Food Authority annual audit report and licence
- Cleaning company audit reports, company education records, cleaning program, spring cleaning checklist and duty statements for cleaners
- Clinical care audits
- Communication records including doctors' books, staff communication books, facsimile to doctors, staff memorandum, twenty four hour comprehensive handover sheets and notices
- Contractors service agreements folder
- Documented follow up on care recipients' needs with medical and other related health personnel by registered nurses
- Education folder – My Learning records and on-line system
- Fire safety system records including logbooks for the fire detection and alarm system, emergency intercom system and general sprinkler system

- Home's self-assessment report for re-accreditation
- Infection control records including infection control surveillance data, monthly infection statistics and reports including trends and analysis, individual nail and make up kits
- Maintenance records including preventative maintenance schedule, external contractors schedule, electrical testing and tagging folder, thermometer calibration folder, service reports on various items of equipment by external companies, thermostatic mixing valve service records and temperature records and letter from head office regarding the routine service for the bus
- Medication records including controlled drug registers, medication and vaccine refrigerator storage temperatures, nurse initiated and PRN (as required) medication charts, controlled drug patch charts, staff signing sheets, pharmacy re-ordering records, information on safe altering of medications, staff signature registers
- Meeting minutes – staff and care recipients
- Other health and related services referrals, reports, assessments, plans of care including behaviour management specialists, dietician, physiotherapy, podiatry, specialist physicians and surgeons, speech pathologist and wound specialist
- Outbreak management records including pathology reports, public health unit line listing, outbreak management guidelines and checklists, shift handover sheets, education records, doctor's authorised medication charts - anti-viral medication and staff medication signing sheets (interim)
- Plan for continuous improvement
- Police check register for staff and volunteers
- Policies and procedures
- Professional registration folder
- Reportable incidents consolidated register
- Service agreement folder
- Staff disposition sheets and roster
- Vaccination records for care recipients

Observations

The team observed the following:

- Activities in progress in the cottages
- Care recipient lifestyle resources and equipment - various
- Daily handovers between registered nurses, team leaders and care staff

- Displayed information including Re-accreditation audit notices, activity programs, advocacy and aged care complaints scheme information, continuous improvement forms, Charter of Care Recipients' Rights and Responsibilities and organisation's mission, vision, values and philosophy statements
- Equipment and supply storage areas including continence, linen, mobility, manual handling, personal hygiene and wound care requisites
- Infection control equipment and stores including personal protective equipment, outbreak supplies, spills kits, sharps disposal containers, hand-washing facilities, colour coded cleaning equipment, hand gel and contaminated waste disposal
- Interactions between staff, care recipients and representatives including meal service, morning and afternoon tea, staff assisting and supervising care recipients with meals and small group observation in Julian Cottage
- Living environment – including staff work areas and garden areas
- Medication system and processes including administration and storage; controlled drugs, safety system for controlled drug safe keys, medication re-ordering program, delivery and disposal systems; medication supplies including eye drops and medicated creams and locked drawer in care recipient room for current medication storage
- Mobility aids and care recipients being assisted with mobility
- Noticeboards in cottages with care recipient information such as activity calendars
- Nurse call system in operation including care recipient access
- Staff interacting with medical and other related health services personnel including medical officers and physiotherapist

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

Catholic Healthcare Villa Maria Centre (the home) participates in a program of organisational audits to review and monitor the quality of service delivery. An audit schedule is provided to the home to guide the completion of audits across a range of clinical, environmental and administrative areas. The audits results are monitored by senior staff at the head office as well as at the home. The residential manager advised they have the flexibility to conduct additional audits as needed to monitor any issues. The home utilises the audit results as well as suggestions or complaints received through the home's continuous improvement forms to identify any areas for improvements. Staff and care recipients' meetings also provide forums through which suggestions for improvements can be raised and discussed. A sample of improvements relating to Standard One includes the following:

- The deputy residential manager identified that it was sometimes difficult to locate information in each of the six cottages as staff would file or store documents in different places in each of the offices. Each of the offices has been set up to provide a consistent location for files. This ensures that staff can quickly locate any documents they require when they are working in the different cottages. As part of this process cupboard locks have been standardised to reduce the number of keys required to access information and equipment. New desks have been installed in the offices and a sitting area established to enable staff to interview or attend to care recipients if needed. The main light switch panel in each of the offices has also been labelled to enable staff to quickly identify each light in the common areas. This enables staff to switch lights on and off as needed without inadvertently switching lights on and off in other areas. New charging stations for computer tablets have also been installed in the offices as part of the preparation for the move to a computerised care system. To further improve information delivery to care recipients and their representatives, pamphlets and a poster on the Aged Care Complaints Commissioner, advocacy services and continuous improvement forms have been installed in the front entrances to each of the six cottages. Activities boards have also been installed in the same location in each cottage.
- The residential manager advised staff hours have been increased in various job roles. The hours of the recreation and lifestyle staff have been increased from 156

hours to 356 hours per fortnight as a result in the changing needs of the care recipients. This provides more activities for those care recipients who are not able to go on bus trips. More activities can be run in each of the individual cottages and programs can be focused on one-to-one activities with care recipients when needed. This has enabled the program to be expanded to provide an activities program on the weekend. Registered nursing hours have been increased as a result of the introduction of the medication manual in 2016. Two registered nurses are now allocated on the day and afternoon shifts to provide clinical leadership and supervision to staff. Additional hours have also been provided to the catering team. One person has been appointed to attend to specific weekly cleaning duties in the kitchen (1300hrs to 1900hrs). The residential manager advised this ensures all the allocated duties are completed appropriately. Good feedback and a noticeable improvement in the cleanliness in the kitchen have been noted.

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 organisation subscribes to a commercial legislation updating service as well as receiving information on legislation changes from government departments and industry organisations. A centralised policy and procedure and clinical governance committee reviews policies on an ongoing basis as well as when legislation changes. This committee has representatives from the various aged care homes within the group. Information on legislative changes is disseminated to the homes within the group via email and the organisation’s intranet system. For example the introduction of the Aged Care Complaints Commissioner and telephone contact details for the reporting of mandatory events. The organisation conducts an electronic survey to monitor that any required changes to documentation or work practices have been carried out. Changes are currently underway to the audit program to ensure the new audits reflect current changes. Staff advised any changes are discussed at staff meetings, education sessions or via memos. Information can also be attached to payslips.

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 a system to ensure staff members have appropriate knowledge and skills to perform their roles effectively. The organisation provides a monthly educational topic through an “in focus” education program. Resources such as education pamphlets are provided through this program which can be left in the staff room for staff to take away and read. The educator advised they undertake a training needs analysis to identify education requests from staff and feedback on education requests are also identified through the feedback and development system (staff appraisal process). This information can then be used to develop the education calendar. A compulsory education program covers key

areas and staff confirmed their attendance at these sessions is monitored. Education sessions relevant to Standard One include: Aged Care Funding Instrument (ACFI), code of conduct and device and technology.

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 ensure care recipients and their representatives have access to internal and external complaints processes. This includes displaying posters and pamphlets about the external complaints system and advocacy service at the main entrances to each of the six cottages and the administration area. Continuous improvement forms are also located in each cottage to enable care recipients and their representatives to provide feedback.

Information on raising complaints is also contained within the residential agreement and resident handbook which is provided to care recipients and their representatives as part of the entry process to the home. The home conducts a monthly care recipients' meeting to provide a forum in which care recipients and their representatives are able to discuss any concerns as well as be consulted about any changes. The residential manager provides a written response to issues raised by staff, care recipients or their representatives.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's vision, mission and values statements are presented to care recipients, their representatives and to staff through key documentation such as the resident handbook and staff handbook. This information is given to all care recipients and their representatives and staff on entry to the home or commencement of employment respectively. The organisation's vision, mission and values statements are also presented to new staff members through a video presentation and discussion with the residential manager as part of the corporate orientation process.

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 a system to make sure there are sufficient appropriately skilled and qualified staff members. The residential manager advised feedback from care recipients, their representatives and staff are used as indicators in identifying the staffing level needs in the home (refer also to comments under expected outcome 1.1 Continuous improvement regarding changes to staffing at the home). The home's existing pool of staff provides coverage for sick and annual leave arrangements. Nursing agency staff can be used when needed. The organisation's human resource section ensures all relevant police and visa checks are undertaken for all new staff as well as on an ongoing basis. New staff members are partnered with experienced staff as part of the orientation process. Staff said that absences through sick or holiday leave are replaced. Care recipients expressed their satisfaction with the care provided by the staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems to ensure there are adequate supplies of goods and equipment. The residential manager advised there are systems to manage the regular ordering of supplies to ensure adequate supplies are available as well as capital expenditure on major upgrades, (refer to expected outcome 1.1 Continuous improvement regarding the refurbishment program for the six cottages). Staff in key areas explained the ordering system. The organisation has a designated range of suppliers for services and equipment. Staff members said there are always sufficient supplies of equipment and goods to provide 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 to manage the effective dissemination of information to staff, care recipients and their representatives. This includes the use of shift handovers, memos, staff meetings and information on noticeboards to relay information to staff. Information is referred to care recipients and their representatives through monthly meetings, case conferences as well as information on public display on various noticeboards in the cottages and central administration area. Documentation no longer required is archived

on-site. This system enables files to be retrieved as needed. Documents are also transferred off-site by an external document storage company when needed. This company also undertakes the routine secure disposal of confidential documents when needed. The home also has a security bin and on-site shredder to destroy any confidential documents which do not require archiving. Information retained on the computer system is routinely backed-up on a server which is maintained by specialist staff at the organisation's head office. Access to the home's computers and data within the system is secured via password.

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 organisation has systems to ensure any externally provided services and goods meet specific requirements. Contracts or service agreements with major suppliers, local tradespeople and companies are managed at the head office. As part of this process information regarding relevant trade licences, registrations and insurance documentation is obtained. This includes ensuring tradespeople have the appropriate police checks in place. The performance of companies, suppliers and tradespersons is monitored and poor service delivery is discussed with the company or tradesperson concerned. Staff members advised equipment or goods supplied are good quality.

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 regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Two include:

- The residential manager advised in July 2015 the organisation introduced a medication manual and training for staff. As part of this program staff members were provided with medication training and completed an annual medication competency. Two registered nurses have been trained to manage the medication competency process on an ongoing basis. Registered nurses continue to give controlled drugs and those medications which are not packed in the pre-packed medication system. New directives have been introduced for the management of anticoagulant medication and insulin to ensure the care recipients on these medications are monitored. A portable monitoring device has been purchased to enable registered nurses to test the international normalised ratios (INRs) of care recipients' on prescribed anticoagulant therapy. The residential manager advised the doctors can observe the test and get the results quicker which enables a faster response to any changes required to the care recipient's anticoagulant therapy. New controlled drug trollies have been purchased for the cottages and three special secure cupboards have been installed in three of the cottages to secure the controlled drugs.
- The organisation rolled out a new pain management program in August 2016 which includes three education modules. These education sessions are being provided by internal staff and external organisations. The residential manager advised that all staff members (including non-clinical staff members) are to receive this education on pain assessment, recognising pain and pain and dementia. Approximately 60 staff members have completed two of the three modules. The home is also trialling a new pain patch chart to track the application and location of the patch.
- In May 2016 the organisation issued a new influenza vaccine management policy. This is aimed at ensuring influenza vaccines are stored appropriately prior to being administered. The policy requires more frequent monitoring (twice a day) of the temperature of the refrigerator being used to store the vaccine at the home. The vaccine is also to be administered within a specific timeframe (seven days) after the vaccine is delivered to the home. The residential manager advised that for next year they are considering the storage of vaccines being managed at the pharmacy. Vaccines could then be brought to the home when the doctor advised they would be attending to conduct a vaccination clinic.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the system to ensure the home complies with legislation and regulations relevant to care recipients’ health and personal care. The organisation manages the process to ensure the registrations of the registered nurses, doctors and allied health practitioners are current. The organisation has access to the Australian Health Practitioner Regulatory Agency (AHPRA) website to verify current registrations if required.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Education sessions include: poly-pharmacy, mental health, pain management, diabetes, continence, dementia and thickened fluids.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure care recipients receive appropriate clinical care. Clinical care is overseen by the deputy residential manager and registered nurses.

Registered nurses provide care twenty four hours per day, seven days a week. A clinical assessment program identifies care recipients’ initial and ongoing needs with results used to develop a care plan reflecting their individual clinical needs. Care recipients’ doctors and registered nurses consult with care recipients/representatives about the changing needs of care recipients. Clinical outcomes are monitored through reassessment, analysis of clinical indicators and regular care plan reviews. Results show clinical care is provided in accordance with care recipients’ identified needs and preferences. Clinical and care staff practices are monitored through processes including audits, feedback, observation and performance review. Care recipients and representatives confirmed they are consulted and informed about changes in care recipients’ needs and are complimentary of the clinical care provided to care recipients.

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

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered nurses assess, plan, action and evaluate care recipients’ specialised nursing care needs in consultation with care recipients and/or their representative and doctors. The home liaises with external health professionals from the local area health service including clinical nurse consultants to ensure care recipients’ specialised nursing care needs such as pain management and wound care are met. Registered nurses said and we observed that plentiful equipment, supplies and resources are fit for use and readily available to meet care recipients’ specialised nursing care needs. Relevant care recipients and representatives are satisfied with the specialised nursing care provided to care recipients.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has systems to facilitate the referral of care recipients to appropriate health specialists in accordance with their needs and preferences. Other health and related services available to care recipients include behaviour management specialists, dietitians, physiotherapy, psychogeriatricians, podiatry, speech pathology and specialist physicians and surgeons. Care recipients are referred as required by their doctors to trained and qualified audiology, dental and optometry services personnel. Care recipients and representatives are well informed about and satisfied with the referrals made for care recipients to other health and related services personnel.

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 systems and processes to ensure care recipients’ medication is managed safely and correctly including care recipients who choose to self-administer their medications. We observed qualified and trained staff using an accredited pre-packed medication system to administer prescribed medications to care recipients. Staff explained and demonstrated practices and protocols used to ensure care recipients receive their medications safely and correctly. Evaluation and review of care recipients’ prescribed medication is regularly undertaken by their doctors and an accredited pharmacist carries out additional auditing and review. The medication management system

is monitored through the home's regular auditing program and its medication advisory committee. All medication incidents are well documented and reported to management and the home is responsive in taking follow up action as required. Care recipients and representatives are satisfied with the way staff manage care recipients' medication needs.

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

Care recipients are assessed for acute and chronic pain on their entry to the home and as indicated. Assessment and review of individual care recipients' pain is carried out by their doctors and registered nurses in consultation with care recipients/representatives. Staff described their role in identifying and reporting care recipients' pain including use of an assessment tool for care recipients unable to verbalise their pain. Care recipients are provided with a holistic approach to pain relief conducted by a physiotherapist and registered nurses. Alternative therapies provided include therapeutic massage, heat pack therapy and a gentle exercise program. Relief mechanisms used by clinical and care staff include prescribed analgesia, repositioning and emotional support. Care recipients and representatives said prescribed pain relief programs are effective in managing care recipients' pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home has a system to ensure the comfort and dignity of terminally ill care recipients is maintained. A care recipient's end of life wishes are identified where possible, on entry to the home or thereafter including the level of clinical intervention preferred. The documented results assist in developing and managing an advanced care plan directive for the care recipient as desired. Regular liaison occurs with doctors, the home's pastoral carer, the wider health care team and care recipients/representatives as needed. Staff described a range of interventions they would employ when caring for terminally ill care recipients to ensure their pain is managed and their comfort and dignity maintained. Care recipients expressed their gratitude with the home's approach to maintaining their comfort and dignity. Relevant care recipients and their representatives said they are satisfied that staff respect and acknowledge care recipients' requested, future end of life wishes.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home provides care recipients with adequate nourishment and hydration. Care recipients’ initial and ongoing dietary requirements are assessed by registered nurses and a dietitian. A speech pathologist liaises as required. Oral or dental needs including swallowing difficulties or the need for special diets or utensils are identified with catering services notified in a timely manner. Care recipients are regularly weighed with significant weight variations followed up by their doctors in liaison with other health specialists. Staff are aware of special diets, care recipients’ preferences and special requirements including thickened fluids, pureed and soft food. Food satisfaction is monitored through regular one-on-one discussions with the chef, staff, care recipient satisfaction surveys and meetings. Care recipients and representatives are satisfied with the frequency, quality and quantity of food and drinks provided to care recipients.

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 ensures care recipients’ skin integrity is consistent with their general health. The assessment, planning and actioning of care recipients’ initial and ongoing skin care needs is carried out by registered nurses in consultation with the care recipient/representative, doctors, podiatrist and physiotherapist. Care recipients’ skin care needs are monitored through review of their nutrition and hydration, continence and wound care, and clinical incidents including bruises, falls and skin tears. Registered nurses provide wound care in liaison with care recipients’ doctors, who refer them to wound specialists in the local area health service as required. Staff said and we observed plentiful skin care equipment and products available including pressure relief devices, skin emollients and wound care requisites. Care recipients and representatives are satisfied with care recipients’ individual skin care provided by staff.

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 system and processes to ensure care recipients’ continence is effectively managed. The registered nurses manage the continence program in liaison with a contract continence provider. Staff are trained in scheduled toileting programs and the use and fitting of continence aids. Where required, individual toileting programs are scheduled to better manage care recipients’ needs. Care recipients are monitored for the presence

of urinary tract infections, a decline in mobility or changes in cognition which may impact their level of continence. Following consultation with care recipients' doctors and/or other health personnel intervention strategies are implemented and reviewed. Bowel management programs include daily monitoring, appropriate diets and provision of aperients as required. Staff said and we observed plentiful continence care supplies are available to assist staff in effectively managing care recipients' needs. Care recipients and representatives are satisfied with the care recipients' continence care.

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 a system and processes to ensure the needs of care recipients with challenging behaviours are managed effectively. Registered nurses conduct initial and ongoing assessments of care recipients' behavioural needs and results are used to develop, review and update behavioural management care plans as required. Behaviour incidents are recorded, addressed, reviewed and evaluated in a timely manner. Contributing medical causes including factors known to intensify challenging behaviours are identified, managed, reviewed and followed up by care recipients' doctors. A care recipient's need for review or assessment by mental health and behaviour management specialists occurs as needed.

Care recipients and representatives expressed satisfaction with the way staff meet the needs of care recipients living 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

The home has a mobility program tailored to individual care recipients' needs and preferences. Initial and ongoing mobility assessments are undertaken by the physiotherapist and the results used to develop a plan of care. Care recipients' mobility needs are regularly reviewed by the physiotherapist and plans of care updated as needed. Interviews with care recipients and staff show care recipients' use of mobility aids and falls minimisation strategies are consistent with identified needs documented in their mobility care plans.

Mobility incidents including falls are reported and followed up in a timely manner. Feedback is provided to doctors, staff and care recipients/representatives by a physiotherapist. The home has a falls prevention program overseen by the physiotherapist that includes regular exercise sessions conducted by physiotherapy aide and lifestyle staff. Care recipients representatives are satisfied care recipients are achieving and maintaining levels of mobility suited to their individual capabilities.

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

Care recipients’ oral and dental health is maintained. The home’s approach to the maintenance of care recipients’ oral and dental health includes initial and ongoing assessment and review of their oral and dental care needs. Assessments are carried out by a registered nurse. Referrals to dentists or dental technicians are arranged by doctors according to the care recipients’ individual needs and preferences. Staff said and interviews with care recipients show, they have their daily oral care needs encouraged, supervised and/or attended by care staff. Care recipients and representatives said care recipients have access to a dentist of their choice in the local area and are assisted to make and attend appointments as required.

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 to ensure care recipients’ sensory losses are identified and effectively managed. The identification of sensory impairment is included in initial and ongoing clinical and lifestyle assessments covering communication, sight and hearing, and the senses of touch, smell and taste. Incorporated clinical and lifestyle features that focus on sensory stimulation include gentle exercise programs, therapeutic massage and sensory- based lifestyle activities including gardening and tactile craft. Plans of care incorporating the care recipients’ sensory needs are initially developed, regularly reviewed and updated as needed. Medical and other health personnel are involved as required. Staff assist care recipients with cleaning and fitting their communication aids. Care recipients and representatives are satisfied that sensory losses are identified and effectively managed.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are encouraged to achieve natural sleeping patterns. The home has a system of initial and ongoing identification and review of night care requirements that encourage natural sleeping patterns for care recipients. Sleep strategies implemented include flexible retiring times, offering a warm drink, gentle massage, one-to-one time, and night sedation and/or pain relief medication if prescribed by a doctor. Care recipients said they sleep at night and that staff help them if they experience difficulty in sleeping.

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 regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Three include the following:

- In July 2016 a trolley was developed to carry around beauty care products such as individual make-up, perfume and nail care kits to female care recipients. Feedback from some female care recipients resulted in the recreation and lifestyle officer identifying the need for beauty care products to enhance and improve their sense of well-being. Care recipients were involved in the selection of colours for foundation, blushers and lipsticks. Activities staff members are involved in attending to the care recipients’ make-up each day. The residential manager advised this activity has not been formally evaluated however informal feedback from care recipients indicates they are very happy with this program.
- The residential manager advised the home’s chapel is being offered to family members to hold funeral services. Approval was sought from the pastoral mission counsellor and care recipients prior to offering this service. The home offers to provide food for a celebration of the care recipient’s life after the service. Two services have been held at the chapel since August 2016. The residential manager advised this also provides an opportunity to staff and care recipients to attend the funeral service and say their goodbyes.
- A men’s activities program has been established in Stella cottage in August 2016 to meet the needs of the increasing number of male care recipients. Activities such as setting up an electric racing car track, poker afternoons and home brewing beer are currently underway. The residential manager advised that the home brew is labelled as “Secret Men’s Business” and the initial brew will be tested by the care recipients on 30 September 2016. Male care recipients from other cottages are brought over to Stella cottage to be involved in the activities.

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 regarding the home’s system to ensure compliance with legislation and regulations relevant to care recipients’ lifestyle. The home maintains relevant registers such as a mandatory reporting register. The organisation manages the residential care agreement to ensure new care recipients or their representatives are provided with the most up to date version. Information on changes to fees is provided to care recipients and their representatives as changes to the aged pension occur.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Education sessions provided at the home include mandatory reporting as part of the compulsory education program for all staff. Education sessions have also been provided on the topics of grief and person centred care.

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 provides initial and ongoing support to each care recipient in adjusting to their new life in the home. An initial lifestyle assessment identifies their need for emotional support with results used to develop a plan of care that is regularly evaluated and updated. Care recipients’ emotional needs are assessed on an individual basis in consideration of their cultural and socioeconomic background and physical and mental health. Support services available include new care recipients being introduced to and welcomed by the pastoral carer, other care recipients, receiving a welcome card and flowers, and an information handbook and newsletter. We observed staff and visitors supporting care recipients as needed. Care recipients and representatives expressed their gratitude for the emotional support offered when care recipients first enter the home and said the support is ongoing.

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

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. A range of initial assessments identify a care recipient's preferences for independence. This information is integrated into a care plan to assist them in achieving and maintaining their independence. The home encourages the involvement of family and friends and the home's newsletters assist care recipients with knowing about their community within and outside their home. Care recipients confirmed they are encouraged and assisted by staff to access and participate in a wide variety of community activities inside and outside the home including day only bus trips to areas of local interest and shopping outings. Care recipients said they enjoy the time spent with community groups including singers who regularly visit 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

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Confidential and private information is obtained with the prior consent of the care recipients/representatives and used accordingly. Staff said they sign a confidentiality agreement on commencing at the home. Staff confirmed they receive ongoing training and monitoring on supporting each care recipient's privacy, dignity, confidentiality and special needs including use of their information. Our observations of staff attending care recipients in a respectful and courteous manner show their awareness of each care recipients' right to privacy, dignity and confidentiality. We observed and care recipients and representatives said care recipients live their lives at the home in privacy and with dignity.

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

A series of recreational and leisure interest assessments are conducted when a care recipient initially enters the home. The results are used to develop and regularly review an individualised plan supporting an individual approach for encouraging their participation in a wide range of preferred interests and activities. A care recipient's level of participation and their feedback assist staff in the ongoing monitoring and review of activities including

group and one-on-one activities. Group activities offered include art and craft, men's group and ladies' group activities, bus outings, gentle exercise programs and visiting entertainers. One-on-one activities enjoyed by care recipients include reminiscing, outdoor garden walks and individual conversations. Care recipients said they participate in a wide range of activities of interest to them and confirmed their right to refuse to participate is respected.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Preferences and requirements for care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are identified, valued and fostered. An initial cultural and spiritual assessment including information provided by the care recipient/representative is used to develop a plan of care which is regularly reviewed and updated as needed. Identified cultural and spiritual needs are incorporated into planning end of life wishes as desired. We observed and care recipients/representatives confirmed care recipients are encouraged to use photographs and other visual displays of their cultural and spiritual heritage. Cultural, international, national and other celebratory days are observed at the home. Care recipients can access religious clergy and on-site pastoral support and attend on-site specific or other services as desired. Care recipients are satisfied with the range of individual interests, and cultural and spiritual support available and provided to them.

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 care recipient (or his or her representative) participates in decisions about the care and services a care recipient receives on their entry to the home. Care recipients/representatives decide on care recipients' preferences for a range of care and services available including choice of meals and participation in leisure interests and activities. Information packages and the offer of a residential agreement ensure each care recipient (or his or her representative) are aware of choices available to care recipients. We observed information regarding care recipients' rights, complaints mechanisms and advocacy services displayed around the home and documented in entry packages, information handbooks and the residential agreement.

Care recipients/representatives are provided with information on the need to not infringe on the rights of other care recipients. Care recipients and representatives expressed satisfaction with the encouragement and support provided in making choices and decisions about the care and services received.

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. Relevant information about security of tenure, fees, care, services and care recipients' rights is discussed with care recipients and their representative prior to, when possible, and on entering the home. All care recipients are offered an agreement and an information package which outlines care and services and the rights and complaints resolution processes. Room moves only occur with prior consultation and consent from the care recipients and their representative. Copies of the Charter of Care Recipients' Rights and Responsibilities are on display in each cottage and the main entrance to the home. The management team encourage ongoing communication with care recipients and their representatives. This is managed through scheduled meetings, in home communications and notices as well as direct communication with representatives via email. Care recipients and their representatives said they are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Four include the following:

- The residential manager advised the home had undergone a progressive major refurbishment in each of the six cottages throughout 2015 to 2016. All areas were painted and flooring replaced in care recipients’ rooms and care staff offices. Carpeted areas had a newer style carpet installed which is easier to clean and maintain. New lounge and dining room furniture was purchased and new curtains installed in the lounge and common areas. The residential manager advised they had received positive feedback from care recipients and their representatives about the new environment.
- The residential manager advised that in July 2016 a decision was made to improve the dining experience for care recipients which also supported their dignity. As part of this process the old style terry towelling clothing protectors were replaced with cloth napkins. Each cottage was provided with different colour coordinated tablecloths and napkins. To provide a contrast to the coloured tablecloths white crockery and salt and pepper shakers were purchased. Condiments are provided on the tables at meal times to enable care recipients to add these to their meals if they wish to do so.

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 regarding the home’s system to ensure compliance with legislation and regulations relevant to the physical environment and safe systems. This regulatory system includes compliance with legislation regarding environmental safety, the NSW Food Authority requirements for a food service and the routine inspection of the fire alarm and fire-fighting equipment.

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 details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Staff advised the home conducts a series of compulsory education sessions on topics including fire safety, infection control and manual handling. Education is also provided on food safety and 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 consistent with the care recipients' care needs. The home has six cottages (Cate, Julian, Stella, Peter, Thomas and Ruth) which accommodate between 14 to 20 care recipients each. Care recipients expressed satisfaction with their living environment and said they can personalise their rooms as much as possible. There are a variety of small lounge areas in each of the cottages as well as access to a courtyard and garden areas. The cottages are on a single level with wide corridors to enable care recipients to move about with walking aids. The cottages are accessible via a central enclosed corridor which enables staff and care recipients to safely walk to other cottages or the central administration area when needed. Care recipients said the home is well maintained, kept very clean and free of clutter. The home has a maintenance program to ensure the home is well maintained. The safety and comfort of the living environment is monitored through feedback as well as incident/accident reports, hazard reports and ongoing observations by staff.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home's management and staff are active in providing a safe working environment that meets regulatory requirements. As part of this program the organisation has a work health and safety team which oversees workplace safety across the homes within the group. The residential manager advised they manage the return to work program for injured staff with guidance from head office. Staff members are provided with information on workplace safety including manual handling and fire safety as part of the orientation program and ongoing annual compulsory education program. The topic of workplace

health and safety is discussed at staff meetings. A program of environmental audits, conducted by staff, is used to monitor workplace safety. Information is disseminated to staff on safe work practices when required. Staff members interviewed on this topic explained their knowledge on safe work practices and said they receive training to support them in ensuring 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

The home has systems to minimise fire, security and emergency risks in the home. As part of the home's safety system there are external contractual arrangements for the routine maintenance of the fire-fighting equipment and internal fire alarm system. A random check on various pieces of fire-fighting equipment in each of the six cottages and central administration area confirmed they are inspected on a regular basis. Staff advised fire safety is included as part of the orientation sessions for new staff members as well as part of the mandatory education program. Staff members were able to provide a consistent response on the procedures to be followed in the event of a fire or storm damage to the buildings. Key information on a range of other emergency situations such as internal or external emergencies is located in colour coded flip charts which are located near the telephones in each of the cottages and central administration area. Each cottage also has a copy of the emergency disaster plan which contains the contact telephone numbers for key personnel, service companies and emergency services. Processes are in place for the securing of the cottages and central administration after hours to ensure care recipient and staff safety.

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. This includes ongoing monitoring of infection rates and staff education as part of the mandatory education program. Infection data is collected and analysed at the home. Information on infection rates is also sent to the organisation's head office. Copies of the NSW Health Department alerts on infections such as gastroenteritis and influenza within the local community are also sent to the home.

Infection control procedures such as the use of colour coded equipment; personal protective equipment and monitoring of temperatures were observed. Audits are undertaken and there are processes for the removal of contaminated waste and spills kits and sharps containers are available. Staff interviewed could describe the use of infection control precautions in their work such as the use of personal protective equipment and colour coded equipment. Staff confirmed they had undertaken education in this area.

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 has systems to manage the hospitality services provided to care recipients. Information on care recipients dietary needs as well as food preferences is obtained on entry to the home. A copy of the dietary preferences form is sent to the main kitchen and the original is retained in the care file. A food safety system is in place, which provides ongoing monitoring of food through the delivery, storage, cooking and serving processes. The home conducts a program of audits to monitor food safety. The NSW Food Authority also conducts an annual audit to monitor compliance with the food safety plan. There is a program for the routine cleaning of all areas of the building by contract cleaners to ensure the home is well maintained. The company conducts regular audits to monitor all areas of the home. Linen and towels are sent to an external laundry service and care recipients clothing is washed at the home. Staff said they have adequate stocks of linen and towels on hand and additional supplies can be sourced when needed. Care recipients and their representatives spoke favourably about the catering, laundry and cleanliness of the home.