

Emmaus

RACS ID: 0593

Approved provider: The Trustees of the Roman Catholic Church for the Diocese of Lismore

Home address: 16 Colonel Barney Drive PORT MACQUARIE NSW 2444

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| Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 01 June 2020.  We made our decision on 21 April 2017.  The audit was conducted on 14 March 2017 to 16 March 2017. The assessment team’s report is attached. |
| We will continue to monitor the performance of the home including through unannounced visits. |

# Most recent decision concerning performance against the Accreditation Standards

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

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

1.1 Continuous improvement Met

1.2 Regulatory compliance Met

1.3 Education and staff development Met

1.4 Comments and complaints Met

1.5 Planning and leadership Met

1.6 Human resource management Met

1.7 Inventory and equipment Met

1.8 Information systems Met

1.9 External services Met

## Standard 2: Health and personal care

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

2.1 Continuous improvement Met

2.2 Regulatory compliance Met

2.3 Education and staff development Met

2.4 Clinical care Met

2.5 Specialised nursing care needs Met

2.6 Other health and related services Met

2.7 Medication management Met

2.8 Pain management Met

2.9 Palliative care Met

2.10 Nutrition and hydration Met

2.11 Skin care Met

2.12 Continence management Met

2.13 Behavioural management Met

2.14 Mobility, dexterity and rehabilitation Met

2.15 Oral and dental care Met

2.16 Sensory loss Met

2.17 Sleep Met

## Standard 3: Care recipient lifestyle

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

3.1 Continuous improvement Met

3.2 Regulatory compliance Met

3.3 Education and staff development Met

3.4 Emotional Support Met

3.5 Independence Met

3.6 Privacy and dignity Met

3.7 Leisure interests and activities Met

3.8 Cultural and spiritual life Met

3.9 Choice and decision-making Met

3.10 Care recipient security of tenure and responsibilities Met

## Standard 4: Physical

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

4.1 Continuous improvement Met

4.2 Regulatory compliance Met

4.3 Education and staff development Met

4.4 Living environment Met

4.5 Occupational health and safety Met

4.6 Fire, security and other emergencies Met

4.7 Infection control Met

4.8 Catering, cleaning and laundry services Met



Audit Report

Name of home: Emmaus

RACS ID: 0593

Approved provider: The Trustees of the Roman Catholic Church for the Diocese of Lismore

# Introduction

This is the report of a Re-accreditation Audit from 14 March 2017 to 16 March 2017 submitted to the Quality Agency.

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

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

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

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

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

# Assessment team’s findings regarding performance against the Accreditation Standards

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

* 44 expected outcomes

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 14 March 2017 to 16 March 2017.

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

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

# Details of home

Total number of allocated places: 169

Number of care recipients during audit: 116

Number of care recipients receiving high care during audit: 114

Special needs catered for: Dementia specific unit – 18 beds

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Director of Care | 1 |
| Manager | 1 |
| Clinical leader | 1 |
| Quality and compliance coordinator | 1 |
| Nurse educator | 1 |
| Workforce coordinator | 1 |
| Admissions officer | 1 |
| Registered nurses/enrolled nurses | 7 |
| Care staff | 13 |
| Lifestyle/volunteer coordinator and lifestyle facilitator staff | 5 |
| Pastoral care team leader and pastoral care staff | 3 |
| Physiotherapist and occupational therapist | 2 |
| Catering staff | 4 |
| Care recipients/representatives | 18 |
| Volunteers | 1 |
| Laundry staff | 1 |
| Cleaning staff | 1 |
| Maintenance coordinator | 1 |
| Human Resource advisors | 2 |
| Educator | 1 |
| WHS Officers | 2 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ files | 12 |
| Medication profiles | 12 |
| Personnel files | 6 |

## Other documents reviewed

The team also reviewed:

* Care recipient handbook, resident and accommodation agreement, consent forms
* Care recipient room listing
* Cleaners’ schedule
* Clinical care assessment, care planning documentation, progress notes, medical notes, medical specialists reports, pathology results, conference records, bed rail assessments
* Clinical monitoring charts including weights, temperature, pulse, blood pressure, blood glucose levels, pain, wound, bowel, catheter line management charts
* Compliments, complaints and comments log
* Continuous improvement documentation: continuous improvement plan, internal and external audits schedule and results, accident/incident reports, quality indicator benchmarking reports, trend analysis
* External contractors: contract agreements for supply of services, emergency contractor/ service supplier list, equipment service reports
* Fire security and other emergencies: fire safety equipment and sprinkler system service records, fire safety audits, emergency and disaster response manual, care recipient fire evacuation list, annual fire safety statement
* Food safety program: kitchen cleaning schedules, sanitising records, food and equipment temperatures, NSW food authority audit results, corrective action record
* Human resource management: staff handbook, statutory declarations, visa status, consent and confidentiality agreements, position descriptions, duty tasks, rosters, performance appraisals
* Infection control information: care recipient/staff vaccination program, audits, infection control clinical indicator reports, outbreak information, pest control service reports, refrigeration temperature monitoring
* Information systems: policies and procedures, strategic plan, memoranda, staff and care recipient surveys, committee meeting minutes
* Inventory and equipment: asset list, on-line ordering system, maintenance request forms, preventative maintenance schedule, thermostatic mixing valve monitoring reports, electrical test tagging records
* Material safety data sheets, cleaning checklist
* Medication records including medication identification charts, nurse initiated medications lists authorised by medical practitioner, registers of schedule eight, medication incident forms; medication fridge temperature monitoring charts, medication advisory committee meeting minutes
* Regulatory compliance: mandatory reporting register, unexplained care recipient absence procedure, police check certificates, professional registrations
* Self-assessment report for re-accreditation and associated documentation
* Staff education: orientation/induction checklist, training needs analysis, education program, mandatory and non-mandatory education attendance records, evaluations, competency assessments, education resources
* Workplace health and safety (WH&S) information: hazard request forms, audits and workplace inspections

## Observations

The team observed the following:

* Activities calendars on display
* Activities in progress
* Aged Care Complaints Commissioner and Seniors Rights Service information on display
* Cleaning in progress, trolleys and supplies, wet floor signage in use
* Dining environment during midday meal services, morning and afternoon tea, staff serving/supervising
* Displayed notices: Quality Agency re-accreditation audit notices, Charter of care recipients’ rights and responsibilities, values, vision and mission statements
* Equipment and supply storage areas including clinical and continence aids
* Feedback forms on display, locked suggestion box
* Firefighting equipment checked and tagged, fire indicator panel, sprinkler system, fire evacuation diagrams, emergency flip charts, evacuation backpacks, care recipient identification
* Handover in progress
* Infection control resources: hand washing facilities, hand sanitising gel, colour coded and personal protective equipment, sharps containers, spills kits, outbreak management supplies, locked clinical medication bins, waste management
* Information noticeboards
* Interactions between staff and care recipients/visitors
* Kitchen, NSW food authority licence on display
* Laundry and domestic laundry, linen supplies, heat seal labelling machine
* Living environment internal and external
* Medications - including storage, medication trolley, medication refrigerator and medication round
* Menu on display
* Mobility and manual handling equipment in use and in storage
* Nurse call bell system
* Safe chemical storage, safety data sheets (SDS) at point of use
* Secure storage of care recipients’ clinical files and staff information
* Sign in/out registers, security cameras and monitors, swipe card access
* Small group observation in Lourdes Place
* Staff work practices and work areas

# Assessment information

This section covers information about the home’s performance against each of the expected outcomes of the Accreditation Standards.

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

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

### 1.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

Management at Emmaus actively pursues continuous improvement across the four Accreditation Standards. The home’s quality system identifies improvement opportunities from a range of sources that include scheduled audit results; surveys; incident and clinical indicator benchmarking reporting; meetings and feedback mechanisms. Management develops a continuous improvement plan to prioritise, action and evaluate identified opportunities for improvement. Care recipients/representatives and staff advised they are encouraged to make improvement suggestions and they are informed regarding improvements undertaken in the home. Examples of recent improvements implemented in relation to Accreditation Standard One include:

* Management recognised that there was no central communication platform for staff and care recipients/representatives/the community. A system of communication through intranet has been implemented. Access to services available is open to the public; staff have secure direct access to policies/procedures/documents for Emmaus and to payroll, healthy lifestyle/anxiety programs, rostering and education. Staff have received training in the use of the system. Staff interviewed said they found the program easy to navigate and it had improved communication systems for them.
* Managers from the organisation requested further education and training including performance management and leadership and development training. This was completed in October 2015. Following on from the training all managers were involved in the development of the Catholic Care Australia (local area) strategic plan. Management said implementation of the strategic plan is ongoing and ownership of strategic priorities have been identified.
* Management recognised that recruitment and retention of registered nurses required a partnership with other health organisations and education providers. A partnership with Port Macquarie Base hospital resulted in the development of a new graduate program. The new graduates will spend six months at Port Macquarie Base hospital and six months at Emmaus. Management said uptake of the program has been very positive (44 applicants for 2017 program) and that some of the new graduates have expressed an interest to continue working in aged 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

The home has systems with organisational support to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines applicable to aged care. This is achieved through access to a range of authoritative sources including a peak body. Policies and procedures are developed at a corporate level with reference to industry guidelines and legislation. Management notifies staff at the home of changes to policies, procedures and regulations through meetings; memoranda; at handover and by providing education. Updated policies, procedures and information resources are readily available for staff. The system for monitoring compliance with obligations under the Aged Care Act 1997 and other relevant legislation includes audits; through incident and clinical indicator reporting; observation of staff practices and feedback. Examples of regulatory compliance with Accreditation Standard One include:

* Care recipients/representatives and staff were informed of the upcoming Quality Agency re-accreditation audit by notices, mail out and at meetings.
* There is a system to monitor currency of staff police check certificates.
* There is a system to monitor professional registrations and authorities to practice for clinical and allied health staff.
* Management ensures care recipients, staff and visitors to the home have access to internal and external comments and complaints mechanisms.

### 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 staff education and training program incorporates a range of topics across the four Accreditation Standards from both internal and external sources. The home’s education program is developed with assistance from the organisation’s workplace trainer with reference to a staff training needs analysis; performance appraisals; review of clinical indicators; feedback mechanisms; legislative requirements; survey and audit results. Staff are required to complete a range of mandatory education topics annually. They also have access to an aged care specific education program. The training requirements and skills of staff are evaluated on an ongoing basis through observation; the changing needs of care recipients; competency assessment; and through feedback. Records are maintained to monitor staff attendance at mandatory and non-mandatory education. Staff stated the education program offered is varied and comprehensive. Examples of recent education and training attended by staff in relation to Accreditation Standard One include:

* Management forums; staff orientation/induction; training in the electronic clinical care documentation system; organisational values, aged care funding instrument (ACFI) documentation; strategic management and customer service.

### 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 policy and procedures for feedback management. All stakeholders are encouraged to provide feedback on the services provided through meetings; newsletters; brochures, suggestion box and notices. Care recipients/representatives are informed of the internal and external complaints mechanisms on entry to the home. Management has an ‘open door’ policy for feedback from all stakeholders. Information on the external Aged Care Complaints Commissioner and advocacy services are on display. Feedback received including compliments and complaints are logged by management. Any complaints received are responded to and actioned in a timely manner. Feedback is discussed at the home’s meetings. Care recipients/representatives and staff stated they have opportunities to discuss any concerns with management.

### 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

Emmaus values, vision and mission statements along with the Charter of care recipients’ rights and responsibilities are on display in the home. These statements are also documented in the home’s publications. The organisation has a published strategic plan for 2016 to 2019 to inform stakeholders of planned initiatives. The home’s commitment to quality is demonstrated in the pursuit of continuous improvement activities. The philosophy of care is promoted through staff orientation and education programs.

### 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 policies and procedures with organisational support to facilitate recruitment to ensure selected staff meet the requirements of their roles at the home. Human resource management is implemented through position descriptions; provision of a handbook; an orientation program and induction to their role; ‘buddy’ shifts and duty tasks. Management ensures sufficient skilled and qualified staff are rostered to meet the needs of care recipients. There is a casual pool of care staff available to fill any vacant shifts. Staff personnel files are maintained at the human resource office offsite. Files contain signed consent and confidentiality of information agreements. Human resource management is monitored through probationary and annual performance appraisals; meeting and personal feedback; surveys; audits; and results of clinical indicator reports. Staff stated they are able to complete their duties on shift. Care recipients/representatives stated staff are caring and attentive.

### 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 purchasing systems and available stocks of goods and equipment appropriate for quality service delivery. Purchase of major items is centralised at the corporate level. Goods in regular use at the home are ordered through established approved service suppliers. Stock levels are managed and maintained by designated staff. Management monitors the inventory and equipment system through inspections; audits; review of incident and hazard forms and requests from stakeholders. Preventative and corrective maintenance is overseen by the maintenance team. Maintenance of major equipment at the home is carried out by external contractors. Care recipients/representatives and staff stated and observations indicated there are plentiful 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

Emmaus has effective information management systems. Care recipients/ representatives are provided with information prior to entry; in a resident and accommodation agreement; a handbook; by newsletters and notices. Clinical staff offer case conferences and ongoing consultation with care recipients/representatives to ensure care needs are met. The home’s electronic systems, documentation and publications ensure management and staff have access to current policies, procedures and information relevant to their roles in the home. Orientation/induction of new staff; a handbook; handover; memoranda; education and meetings are also mechanisms to ensure current information is available for staff. Electronic information is backed up and password protected with access appropriate to position. There are systems for archiving and document destruction to ensure confidentiality of care recipient information. Management monitors the effectiveness of the information systems through meetings; audits; surveys and verbal feedback. Care recipients/representatives and staff stated they are kept well informed regarding matters of importance to them.

### 1.9 External services

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

#### Team’s findings

The home meets this expected outcome

There are systems and processes to ensure external services are provided to meet the home’s care and service needs and quality goals. Contract agreements for external services are established and managed by the organisation and are reviewed as required. Staff have access to an established preferred contractor/service supplier list. External suppliers of goods and services are required to provide evidence of their insurance; license or business registration details and police check certificate as required. All work performed is monitored for quality and effectiveness of service through inspection; audits and feedback. A range of allied health professionals also provide on-site care and services for care recipients. Care recipients/representatives and staff reported they are satisfied with external services provided at the home.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

Refer to Expected Outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system. Examples of recent improvements implemented in relation to Accreditation Standard Two include:

* A dementia specific project which includes developing individualised support plans with more personalised information for care recipients moving into the dementia specific unit has been implemented. Management stated that all staff have received training. Management is undertaking ongoing review of documentation to ensure it reflects appropriate management of the specific needs of care recipients with dementia. Care recipient representatives are also supported and encouraged to provide information on appropriate management of care recipients altered behaviour.
* A clinical governance group has been formed to analyse high risk areas and ensure better practice in clinical care. The members of the group include managers, clinical leaders and registered nurses. The manager and clinical leader work together on the management of the home ensuring appropriate risk management in all aspects of care recipient care. Reporting is directly to the director of care.
* Clinical assessment forms and care planning documentation have been linked to create a system whereby assessment information is directly transferred to the care recipient’s care plan. This provides improved time management for staff, allowing more time for hands on care and also ensures care plans reflect the current care needs of care recipients.

### 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:

* Initial and ongoing assessments, planning, management and evaluation of care for care recipients are undertaken by a registered nurse as per the Quality of Care Principles 2014.
* The home has a system to manage unexplained care recipient absences in accordance with regulatory requirements.
* An accredited pharmacist undertakes care recipients’ medication management reviews for the home.

### 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

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard Two. Examples of recent education and training attended by staff in relation to Accreditation Standard Two include:

* Medication administration certificate module for care staff; continence management; stoma care; pain management; thickened fluids; falls prevention; hearing aid management; palliative care; incident reporting; depression in the elderly.

### 2.4 Clinical care

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

#### Team’s findings

The home meets this expected outcome

Care recipients receive clinical care that is appropriate to their individual needs and preferences. The home has systems to assess, identify, monitor and evaluate care recipients’ care needs on entry to the home and on an ongoing basis. Information obtained from care recipients and representatives when care recipients move into the home, together with a range of assessments are used to prepare individualised care plans. Care plans are reviewed on a regular basis and as required. Medical practitioners conduct regular reviews and in emergencies after hours medical services are contacted or care recipients are transferred to hospital. Care recipients and their representatives expressed satisfaction with the care provided.

### 2.5 Specialised nursing care needs

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

#### Team’s findings

The home meets this expected outcome

Specialised nursing care needs are identified and appropriate qualified staff deliver care to meet care recipients’ needs and preferences. The registered nurses assess care recipients for specialised nursing care and undertake or oversee any specialised nursing treatments. Care recipients are referred to a range of allied health professionals and other specialists to assist the home’s staff to manage care recipients’ complex and specialised needs. Care plans include appropriate management of care recipients’ specific specialised care needs such as diabetes management, catheter care and wound management. Care recipients and representatives said they are satisfied the home’s staff are able to provide specialised nursing care.

### 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 ensures care recipients are referred to appropriate health specialists in accordance with care recipients’ needs and preferences. Care recipients requiring referral to other health services are identified through assessments which are completed during entry processes and also during ongoing observation, monitoring and reviewing of care recipients’ needs. A physiotherapist is contracted to review care recipients’ mobility and pain management and to provide treatment. A podiatrist regularly visits the home to assess and provide treatment for care recipients’. The services of other health professionals such as a dietician, speech pathologist, are arranged for consultation on site as needed. In addition the home can access services from the area health service for palliative care advice, mental health and emergency review. Information and recommendations made by health professionals are referred to the medical practitioner and actioned where necessary. A hairdresser is also available in the home for care recipients. Care recipients confirm they are referred to specialists as the need arises.

### 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 to ensure that care recipients’ medication is managed safely and correctly, including the ordering, storage, disposal, administration, recording and review of medications. The home uses a blister packed medication system and liaison with the supplying pharmacist ensures that new or changed medications are supplied promptly. Medications are stored securely and we observed safe and correct medication administration by staff. Regular medication reviews are undertaken by the medical practitioner and an external consultant pharmacist. The home uses internal audits and incident reporting to monitor the medication system. Care recipients and representatives expressed satisfaction with the way care recipients’ medication is managed.

### 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

To ensure that care recipients are as free from pain as possible all care recipients are assessed for pain on entry to the home and ongoing pain assessments are conducted to monitor care recipients’ pain. Consultation with the care recipient, physiotherapist and their medical practitioner is conducted by the home with the specific management strategies devised, recorded on care recipients care plans. The allied health team provide treatments such as heat therapy, transcutaneous electrical nerve stimulation therapy, exercise and massage. The effectiveness of pain management is monitored through feedback from care recipients and the use of pain charts. Care recipients said they are satisfied with how the home manages their 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 systems in place to ensure the comfort and dignity of care recipients requiring palliative care is maintained. Advance care directives are discussed with the care recipients and or their representatives and the medical practitioner. Care recipients pain management, religious, spiritual and cultural requirements and preferences regarding end of life are recorded to direct staff care. Care recipients are supported to remain in the home for palliative care if this is their preference. Family members are able to stay with care recipients and meals and refreshments are available. Members of the clergy are available for spiritual care and additional emotional support if that is the wish of care recipients. Pastoral carers are also involved in providing emotional support for the care recipient and their representatives. Staff have access to advice regarding palliative care from services available locally. A review of compliments received identified representatives as being satisfied with the care and support provided for their loved ones during the palliative care process.

### 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 has systems to provide care recipients with adequate nutrition and hydration through initial and ongoing assessment of care recipients’ dietary preferences and requirements. Care recipients food allergies are identified in documentation; as are care recipient likes and dislikes. Special dietary requirements or alterations to diets are specified in care recipients’ care plans and communicated to the catering department. Care recipients are weighed monthly to monitor changes and weight loss is investigated and appropriate action taken. Care recipients and their representatives expressed satisfaction with how the home manages care recipients’ nutrition and hydration needs.

### 2.11 Skin care

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

#### Team’s findings

The home meets this expected outcome

The home has an effective system to ensure that care recipients’ skin integrity is consistent with their general health. Assessments are conducted to identify skin care needs and management strategies are incorporated into care recipients care plan. Care recipients are repositioned when required and the application of emollients assists in maintaining care recipients’ skin integrity. In addition the home also uses devices such as pressure relieving mattresses, bed rail protectors and limb protectors. Care recipients’ wounds are managed appropriately, sufficient supplies are available and referrals are made as required. The home monitors accidents and incidents including wound infections and skin tears. Care recipients and representatives report satisfaction with the way the home manages care recipients’ skin care needs.

### 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 systems to ensure that care recipients’ continence is managed effectively. On entry to the home, care recipients are assessed for their continence needs and then on an ongoing basis. Continence management care plans are formulated and monitoring is by daily recording by care staff with appropriate procedures in place if any issues are identified. Care staff are knowledgeable about care recipients’ care needs and preferences for toileting and the use of continence aids. Aids to manage and support care recipients with continence care include a range of continence pads, exercise programs, dietary supplements and medications. Staff said the home has an adequate supply of continence aids and linen. Care recipients and representatives reported they are satisfied care recipients’ continence is managed effectively.

### 2.13 Behavioural management

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

#### Team’s findings

The home meets this expected outcome

The home has systems to assess and manage care recipients with challenging behaviours. This includes using initial and ongoing assessment tools and monitoring charts to develop appropriate care plans and interventions. Medical practitioners are consulted and referral to a geriatrician or the local behavioural management specialist team is arranged if needed. Staff demonstrate an understanding of care recipients’ behaviours and care recipient specific interventions they use to minimise the incidence of the behaviour. Physical restraint is only used in the home after consultation with the care recipient/representative and medical practitioner. Restraint use is monitored by care staff to ensure the safety of care recipients. Care recipients and representatives said they are satisfied with the way in which the home’s staff manage care recipients’ 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

Optimum levels of mobility and dexterity are achieved for all care recipients. The registered nurses and physiotherapist assess care recipients’ mobility and dexterity needs and develop an individualised care plan. Exercise classes are available for care recipients to attend and some care recipients also have individual exercise programs. A range of assistive devices are used to aid mobility and transfers such as walking frames, walking belts, wheelchairs, lifters and slide sheets. The environment is kept safe to decrease the risk of falls. Handrails are throughout the home, corridors’ are free of clutter, staff supervise and assist care recipients to mobilise and care recipients are encouraged to use their mobility aids. Modified crockery and cutlery is provided to care recipients with reduced dexterity. All staff in the home attend training on manual handling. Care recipients and representatives expressed satisfaction with the assistance care recipients’ receive in relation to mobility and dexterity.

### 2.15 Oral and dental care

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

#### Team’s findings

The home meets this expected outcome

Initial and ongoing assessment is undertaken and care plans are developed to ensure that oral and dental health is maintained. Care recipients access dentists of their choice in the community and a dental technician visits the home on identified need. Oral health care is monitored daily by care staff during teeth and denture cleaning. The day-to-day oral care is attended as per care recipients care plans with care recipients being encouraged to brush their own teeth or dentures to maintain their independence. Aids to maintain dental hygiene include toothbrushes, toothpastes and mouth swabs. Care recipients are satisfied with the oral and dental health assistance provided to care recipients.

### 2.16 Sensory loss

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

#### Team’s findings

The home meets this expected outcome

The home has systems to identify and address the sensory loss of individual care recipients. Sensory loss is identified on entry to the home and an assessment is completed to identify care recipients’ specific needs. Care recipients have access to specialist services including speech therapy, audiology and optometry. The physical environment is set up to assist care recipients with sensory impairment and includes safe walking areas, clear corridors, hand rails along the corridor and grab rails in the bathrooms. Activities such as hand massage, relaxing music, gardening, tactile books, large print resources and painting provide sensory stimulation. Care recipients and representatives said they are satisfied with the support provided to assist care recipients manage sensory loss.

### 2.17 Sleep

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

#### Team’s findings

The home meets this expected outcome

The home ensures care recipients are able to achieve natural sleep patterns. The home conducts a sleep assessment to identify the care recipients’ normal sleep patterns or sleeping difficulties. The sleep assessment is evaluated and strategies are developed to enhance sleep patterns. The home also uses strategies such as dimming the lights, answering buzzers promptly and ensuring noise is at a minimum. Care recipients said they are able to sleep and if not are given individual attention to make them comfortable.

## 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 an overview of the home’s continuous improvement system. Examples of recent improvements implemented in relation to Accreditation Standard Three include:

* A program for married couples has been commenced where couples who enjoyed dining out prior to entry to the home can continue to enjoy this activity with a regular dinner date with appropriate support from staff. This allows care recipients ongoing connection to the community and enhances their own close relationship.
* The home recognised that the care recipients would benefit from more pastoral care input. Pastoral care staff have been increased by 90 hours per fortnight to provide care recipients with more social and spiritual support in a more flexible time frame. Staff also have access to the pastoral care team.
* In order to ensure care recipients can make choices and decisions on food preferences, the home has provided staff with education on table service, presentation and efficiency of service. Staff empower care recipients in their choices and many care recipients are now receiving meal and drink choices alternate to the four-week rotational menu.

### 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:

* A resident and accommodation agreement is offered to care recipients/representatives to meet legislative requirements.
* The home has systems to meet regulatory requirements regarding mandatory reporting.

### 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

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard Three. Examples of recent education and development attended by staff in relation to Accreditation Standard Three include:

* Protecting older people from abuse; sexualities and dementia; communicating with grieving people; pastoral care in aged care; person centred activities.

### 3.4 Emotional support

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

#### Team’s findings

The home meets this expected outcome

The entry process includes a tour of the home for new care recipients and their representatives and the gathering of information from care recipients and their representatives to identify the care recipients’ care needs and social histories. Information about care recipients’ assessed emotional support needs is included in their care plan. Staff spend one-to-one time with care recipients during their settling in period and thereafter according to need. The leisure and lifestyle staff and pastoral carers meets the new care recipients and provides support during the settling in period and ongoing as needed. Care recipients are welcome to personalise their rooms with familiar objects. Care recipients said they are provided with appropriate emotional support and feel staff are supportive in helping them to adjust to their new life within the home.

### 3.5 Independence

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

#### Team’s findings

The home meets this expected outcome

The home has systems to ensure that care recipients are assisted to maximise their independence, maintain friendships and participate in the life of the community within and outside the residential care service. Care recipients are encouraged to be as independent as possible with their activities of daily living, and receive support to maintain and improve their mobility and dexterity. Physiotherapists assess care recipient mobility and arrange suitable equipment or programs to assist the care recipient to maintain their independence. Some care recipients go out with family and friends and others have the opportunity to go into the community on bus outings. The activity program incorporates visiting community groups and care recipients who are able, go out to the local shopping centre and community events on a bus outing. Care recipients said they are satisfied with the opportunities available to them to participate in the life of the community.

### 3.6 Privacy and dignity

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

#### Team’s findings

The home meets this expected outcome

Care recipients reported that their privacy, dignity and confidentiality is respected. The home has single rooms with ensuite bathrooms for privacy. There are sitting rooms and outdoors areas throughout the home where care recipients may entertain family and friends. The organisation has confidentiality and privacy statements which are provided to staff, care recipients/representatives. Staff interviewed were able to provide examples of the ways they show respect for care recipients’ privacy and dignity. We observed care recipients who are reliant on staff for their dressing and grooming requirements to be well groomed and dressed appropriately.

### 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

Care recipients expressed satisfaction with the activity program offered by the home. The home has systems to ensure care recipients are encouraged and supported to participate in activities of interests to them. When entering the home, information about a care recipient’s lifestyle interest is collected and used to develop individual care plans. Care recipient activity interests are included in the weekly and daily activity plans are displayed in communal areas of the home and a copy is given to care recipients. The activity programs includes special events, takes into account care recipients’ preferred activities and significant cultural days. Activities are modified as necessary to optimise care recipients’ enjoyment and participation. Care recipients said they are satisfied with the activities on offer and can choose whether or not to participate.

### 3.8 Cultural and spiritual life

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

#### Team’s findings

The home meets this expected outcome

Care recipients reported they are satisfied with the support provided for their cultural and spiritual needs. The individual requirements of care recipients to continue their beliefs and customs are identified in the assessment process on entry. Specific cultural days such as Australia Day, Anzac Day, Christmas and Easter are commemorated with appropriate festivities. A number of religious clergy hold services at the home and care recipients are invited to attend these if they wish to do so. The pastoral carers are available and provide ongoing spiritual support for care recipients, representatives and staff. Care recipients reported satisfaction with the way the home supports their cultural and spiritual needs.

### 3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

#### Team’s findings

The home meets this expected outcome

Care recipients and their representative’s reported satisfaction with the choices available to care recipients’ at the home. They said care recipients are able to have control over matters that affect them by putting their views forward during discussions about care, at case conferences, through the complaints process and at resident meetings. Care recipients/representatives are offered the opportunity to discuss and plan end of life choices, but any decision not to do so is respected. Participation in group activities is the choice of the care recipient and they are asked to choose how they wish to spend individual time with activity staff. Care recipients have personalised their rooms with memorabilia and items of their choosing.

### 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. An information pack and an agreement for residential care are provided to all care recipients and are discussed with them and/or their representative prior to entry to the home. The agreement sets out the standard requirements under the relevant legislation including security of tenure; information about care recipients’ rights and responsibilities; fee payment options; cooling-off periods and rules of occupancy. Care recipients/representatives are advised to obtain independent financial and legal advice. The Charter of care recipients’ rights and responsibilities is displayed in the home and is documented in the agreement. Care recipients/representatives stated they feel secure in their tenure in the home and they have an understanding 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 an overview of the home’s continuous improvement system. Examples of recent improvements implemented in relation to Accreditation Standard Four include:

* To improve security, cameras have been installed at three entrances to the home. The system is connected to intercom and to monitors. Staff are now able to monitor all entry areas to the home.
* A work health and safety officer has been employed by the organisation. They undertake work health and safety audits, education, risk management and chemical register reviews. The chemical register has been updated and work health and safety audits are scheduled for 2017.
* A staff ‘work healthy’ project has been introduced at the home. The program encourages staff to eat healthy, exercise to ensure good back care management and participate in an anxiety wellness program. Reduced gym membership is also offered as part of the program.

### 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:

* A current fire safety statement meets regulatory requirements.
* The home has a food safety program audited by the NSW food authority. A current NSW food authority licence for vulnerable persons is on display.

### 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

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard Four. Examples of recent education attended by staff in relation to Accreditation Standard Four include:

* Annual mandatory fire equipment and emergency evacuation procedure; emergency coordinator training; manual handling/competency; infection control/hand washing; workplace health and safety; bullying and harassment; safe food handling; chemical safety.

### 4.4 Living environment

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

#### Team’s findings

The home meets this expected outcome

### Emmaus is a 116 bed home with accommodation provided in single rooms with views onto the gardens and with ensuite/shared bathrooms. Care recipient rooms are air-conditioned, fitted with call bells. Care recipients are encouraged to personalise their rooms with their own belongings. There are communal and private areas including courtyards and gardens for care recipient and visitor use. The temperature and lighting in all areas of the home are monitored to ensure a comfortable environment. For safety and ease of mobility there are safety rails in bathrooms. There are preventative and corrective maintenance programs overseen by the organisation’s maintenance manager and on-site staff. There is a regular cleaning schedule to maintain the home’s environment. This is monitored through feedback from meetings; surveys; incident and hazard reporting; audits and inspections. Care recipients/representatives stated they are very satisfied with the safety and comfort of the home.

### 4.5 Occupational health and safety

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

#### Team’s findings

The home meets this expected outcome

The home provides a safe working environment consistent with workplace health and safety (WH&S) policy and regulatory requirements. There is a system to record, analyse and review incidents, accidents and identified hazards. WH&S is a standing agenda item at the home’s meetings. Staff receive WH&S education and manual handling training on induction to the home and on a regular basis. The WH&S system is monitored through incident and hazard reporting; audits; workplace inspections and feedback. The organisation’s WH&S officer conducts regular workplace inspections at the home. There is a return to work program if required following any staff injuries. Safe work practices were observed on site and staff stated they receive relevant education.

### 4.6 Fire, security and other emergencies

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

#### Team’s findings

The home meets this expected outcome

The home has systems to promote the safety and security of care recipients, visitors and staff. These include emergency and fire evacuation policy and procedures as well as regular checks of the fire indicator panel, sprinkler system and other fire safety equipment by an authorised contractor. Staff attend annual mandatory fire equipment and emergency evacuation training and with an accredited training organisation. The maintenance supervisor is a trained fire safety officer. Staff who have completed emergency coordinator training are rostered on each shift. Fire evacuation diagrams and emergency procedure flip charts are on display. The home has an emergency and disaster response manual to be followed in the event of an emergency with designated evacuation sites. There are evacuation backpacks containing care recipient photographic evacuation and identification information. Smoking is permitted for care recipients outside the building on exception. Safe storage of chemicals and oxygen is maintained in all areas and safety data sheets are available at point of use. Safety and security measures include a lock up procedure; finger print recognition access (staff); sign in/out books (contractors and visitors); a nurse call system; and security cameras. The fire safety and security system is monitored through regular services, audits and inspections. Staff stated they have received training and know how to respond in the event of the fire alarm sounding.

### 4.7 Infection control

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

#### Team’s findings

The home meets this expected outcome

The home has an infection control policy and program with infection control clinical indicators and antibiotic use collated monthly and analysed for trends. Preventative measures include infection control education and hand washing competencies; hand washing facilities; hand sanitiser availability; a cleaning program throughout the home and a care recipient and staff vaccination program. There is a food safety program in the kitchen to monitor food and equipment temperatures. Outbreak management information and resources are available. The home maintains a waste management system and a pest control program. Results of infection control audits and clinical indicator reports are monitored by management and discussed at the home’s meetings. Staff have access to personal protective clothing and colour coded equipment and have understanding of infection control measures relevant to their work 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

There are systems for all aspects of hospitality services to be conducted in accordance with infection control and WH&S guidelines. A nutrition diet analysis is undertaken for care recipients to identify dietary requirements including any allergies, special diets and changes in needs. These are communicated to the meal contractor and also to each servery in the home by the registered nurses. There is a seasonal monthly rotating menu which is reviewed by a dietician. Main meals are supplied on contract from a central offsite kitchen and an alternative to the main meal is offered. Food products stored in the kitchen are dated and stock is rotated. Cleaning staff clean care recipients’ rooms and communal areas according to set schedules or as needed. The on-site laundry is in operation to launder care recipients’ personal clothing and flat linen is contracted to a laundry provider. There is a heat seal labelling machine to assist with the return of personal items. Hospitality services are monitored through feedback; audits; surveys and meetings. Care recipients/representatives reported they are satisfied with the hospitality services offered by the home.