



**Australian Government**  
**Australian Aged Care Quality Agency**

**Reconsideration Decision**

**Ern Vine Village RACS ID: 0209**

**Approved Provider: Bankstown City Aged Care Ltd**

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

Reconsideration Decision made on 13 October 2017

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 30 January 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 1 April 2015 to 1 January 2019.

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

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

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

This decision is effective from 13 October 2017

Accreditation expiry date 1 January 2019



**Australian Government**  

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**Australian Aged Care Quality Agency**

**Ern Vine Village**

RACS ID 0209  
65 Dutton Street  
Yagoona NSW 2200

**Approved provider: Bankstown City Aged Care Ltd**

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 April 2018.

We made our decision on 30 January 2015.

The audit was conducted on 05 January 2015 to 06 January 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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

**Standard 3: Resident lifestyle****Principle:**

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

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

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

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

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



**Australian Government**  
**Australian Aged Care Quality Agency**

# **Audit Report**

**Ern Vine Village 0209**

**Approved provider: Bankstown City Aged Care Ltd**

## **Introduction**

This is the report of a re-accreditation audit from 05 January 2015 to 06 January 2015 submitted to the Quality Agency.

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

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

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

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

## **Assessment team's findings regarding performance against the Accreditation Standards**

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 05 January 2015 to 06 January 2015.

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

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

## Assessment team

Team leader:	Greg Foley
Team member/s:	Delia Cole

## Approved provider details

Approved provider:	Bankstown City Aged Care Ltd
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## Details of home

Name of home:	Ern Vine Village
RACS ID:	0209

Total number of allocated places:	45
Number of care recipients during audit:	39
Number of care recipients receiving high care during audit:	14
Special needs catered for:	N/A

Street/PO Box:	65 Dutton Street	State:	NSW
City/Town:	Yagoona	Postcode:	2200
Phone number:	02 9707 3791	Facsimile:	02 9708 0539
E-mail address:	suet@bcac.com.au		

## Audit trail

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

### Interviews

	Number		Number
Facility manager	1	Care recipients	7
Assistant manager	1	Representatives	7
Clinical governance and quality manager	1	Recreational activities officers	2
Clinical educator/registered nurse	1	Work health and safety coordinator	1
Registered nurse	1	Catering staff	1
Care staff	5	Cleaning staff	1
Local medical officer	1	Maintenance staff	1
Physiotherapist	1	Client services officer	1

### Sampled documents

	Number		Number
Care recipients' files	11	Medication charts	5
Wound charts	3	Personnel files	7
Resident incident and accident forms	10	Competency assessment forms	10
Risk assessments	12	Performance reviews	7
Hazard forms	3	Individual training records	10
Environmental and workplace inspection audits	8	Hazardous chemical risk assessments	4
Resident agreements	4		

### Other documents reviewed

The team also reviewed:

- Accident/incident register and statistics
- Activities program, attendance records, evaluations and reports
- Allied health service agreements
- Annual fire safety statement and fire monitoring records
- Catering records including Food Safety Program, menu, nutritional needs and preference lists
- Cleaning audits, duty statements and cleaning logs
- Clinical indicators, audit schedule and results
- Comments and suggestions forms and registers
- Communication books

- Complaints and feedback register
- Compulsory reporting register
- Continuous improvement documentation including continuous improvement plan, improvement logs, resident and staff survey results, audit tools and results
- Contractor records
- Education and training programs, attendance records and training evaluations
- Handover notes
- Human resource management records including job descriptions and duty statements, recruitment and orientation checklists and performance management programs and records, police checks, professional registrations and rosters
- Infection control program schedule, records and surveillance program
- Maintenance documentation including repair requisitions, preventative maintenance program, electrical and fire safety inspections
- Management flow charts, policies and annual programs and risk assessments and other related documentation
- Medication incident reports and register
- Medication orders, pharmacy faxes and checking records
- Meeting agendas and minutes
- Pain management assessments and care plans
- Physiotherapy assessments, care plans, request forms and review schedule
- Podiatry records
- Policies and procedures manuals and procedural flowcharts
- Re-accreditation self-assessment
- Regulatory compliance register
- Resident and staff information handbooks
- Resident and staff newsletters
- Resident education attendance records
- Residents' information package, handbook and handouts
- Skin care guidelines and wound management protocols
- Staff education records including education program, attendance records, individual staff education records, training evaluations forms, compulsory training records, annual training schedules, training needs questionnaires and competency assessments
- Staff memos and notices
- Treatment folder including daily personal care charts and observational charts
- Work, health and safety documentation including risk assessments, safe work practice procedures and material safety data sheets.

## **Observations**

The team observed the following:

- Activities in progress
- Annual fire safety statement, fire detection and fire-fighting equipment



- Clinical stocks and supplies,
- Equipment and supply storage areas
- Feedback forms and suggestion box
- Four week rotating menu, and daily menu information
- Infection control resources and signage
- Interactions between staff and residents
- Living environment
- Lunchtime meal service
- Medication round
- Notice boards and notice of re-accreditation site audit
- On display: mission, vision and philosophy statements, advocacy brochures, internal and external complaints mechanisms', Charter of residents rights and responsibilities, accreditation certificate
- Outbreak kit
- Secure storage of resident and staff files
- Storage of medications.

## Assessment information

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

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

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

#### 1.1 Continuous improvement

*This expected outcome requires that "the organisation actively pursues continuous improvement".*

#### Team's findings

The home meets this expected outcome

The home has a mature and comprehensive system that demonstrates they actively pursue continuous improvement. Residents, their representatives and staff are encouraged to contribute through feedback systems using improvement forms, direct approach to staff and management and through meetings and feedback forms. Other mechanisms for identifying areas of improvement include a quality auditing program which covers all four Accreditation Standards and staff and resident surveys. Monitoring of improvement opportunities, actioning and evaluation of the effectiveness of improvements and feedback to the residents and staff is through meetings, memos and newsletters. The continuous improvement plan is used to capture opportunities for improvement and includes responsibilities, timeframes and monitoring of the improvement activities. Quality activities are reported monthly via the quality committee meeting on site and the organisation wide management meetings. Residents, their representatives and staff interviewed are very complimentary of management's approach to their suggestions for improvement and were able to identify many improvements that have been put in place. Staff also stated they are aware of ongoing improvements being made to the care and services provided to residents.

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

- The organisation has introduced a form to advise residents or representatives when care needs have increased and entitlements have changed. The manager said that this ensures that residents and representatives are better informed of their status and entitlements.
- A new payroll system has been introduced which utilises a thumbprint recognition system for signing on and off duty. Staff say this is an easy system to use and the manager says it has assisted in payroll management.

#### 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 has effective and responsive systems to identify current legislation or changes to legislation, regulatory requirements, professional standards and guidelines. The manager receives emails from head office with updates about legislative and other industry based changes. This information is received through subscription to industry peak bodies,

correspondence with government departments and through professional associations. Information regarding changes in policies and procedures is provided to the home's manager via the intranet and email for implementation and distribution within the home. Amendments to policies and procedures are communicated to residents and staff through education sessions, staff meetings, newsletters, memos and displayed information. The system is monitored through the home's auditing system.

Examples of the home's monitoring and compliance with legislation and guidelines relevant to Standard 1 Management systems, staffing and organisational development include:

- The organisation maintains a register of police checks for all staff, allied health providers and contractors and this is monitored to maintain currency. The home has a system for taking statutory declarations should this be required.
- Resident handbooks and agreements have been reviewed and updated to reflect the changes in the Aged Care Act legislation that occurred in July 2014. The manager reported that the new version is in use and is discussed with residents or representatives at pre-admission interviews with the Client Services Officer.
- The organisation has reviewed and updated the Privacy policy following changes in legislation in 2014. The staff consent form has been updated to include the relevant changes and all staff have signed off the new form. Staff interviewed are aware of the changes that have occurred.

### **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 range of mechanisms to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. New employees undergo induction and are buddied with an experienced member of staff to provide support and guidance. A program of annual mandatory training is conducted, which includes fire safety training, WH&S, harassment, elder abuse, manual handling, safe food handling and infection control. Staff members are provided with education and training through individualised one-to-one sessions, brief focused small group training through virtual training rooms for shared education programs and external presentations. Training attendance and evaluation records are kept by the education coordinator. Staff interviewed stated they participate in, and are supported to attend education within the home and externally. Residents and representatives said staff provide personalised care and are confident in staff knowledge and skills.

Examples of education that has occurred relevant to Accreditation Standard One include:

- Computer based clinical and other training through the virtual classroom.
- Training on the new rostering system and processes.
- Certificate three and four in front line management, aged care, leisure and lifestyle and workplace training and assessment.
- Training for administrative staff in payroll systems.

#### **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

Residents and representatives have access to both internal and external complaints processes. Information on accessing these services and procedures are described in the residents' handbook and external complaints information is visible throughout the home. Residents and representatives are encouraged to raise matters of concern with managers' or staff and at meetings. The home's management team have an open door policy where any resident, representative or staff member can access them and discuss concerns. The continuous improvement plans showed a number of quality activities or improvements from residents, representatives or staff feedback. Residents and their representatives state they are familiar with the home's complaints processes and provided examples of matters which they raised with staff or the home's management team. All residents and representatives interviewed stated they felt that the manager was very approachable and they felt comfortable in raising any matters and are very satisfied with the outcomes of such matters.

#### **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 home has a mission, vision and philosophy statement that documents its commitment to promoting well-being and enriching lives. The statement is clearly displayed within the home, is printed in the resident and staff handbooks and resident agreements. The home's commitment to quality is evident through its continuous improvement initiatives, commitment to staff education, policies, procedures and other documents that guide the practices of management and staff.

#### **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 sufficient appropriately skilled and qualified staff to ensure services are delivered in accordance with the home's vision, mission and philosophy and residents' identified care needs. Staffing levels are reviewed in accordance with residents' changing care needs and rosters adjusted to meet care requirements. Staff who are on leave are replaced by casual staff or part time staff who may increase their hours to cover the vacant shifts. All employees and relevant contractors must undergo police checks prior to the commencement of employment or service. The home monitors and retains records of professional registrations. Newly appointed staff participate in a two part induction program that is site specific and organisation based. Staff interviewed advised they can complete allocated duties during their shifts and have received training to assist them to meet residents' care needs. Residents and representatives interviewed could not speak highly

enough of the care staff and manager. They were also highly satisfied with the responsiveness and care provided by 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 maintains systems to ensure appropriate goods and equipment are always available for use. Goods are ordered from a list of approved suppliers according to residents' needs and preferences. Plant and equipment is maintained according to a preventative maintenance schedule and resident and staff input is sourced prior to the purchase of new equipment. Medical and continence products were noted to be in adequate supply. We viewed stocks of food and catering supplies and noted rotation of stock occurs. Staff described a system for return of unsuitable or damaged products. During interviews residents and staff reported adequate supplies of goods and equipment including food, continence and medical supplies, linen and cleaning chemicals and equipment.

### **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

There are systems that effectively manage the creation, use, storage and destruction of all records, including electronic records. The home effectively disseminates information to staff, residents and representatives relating to legislation, resident care, activities program, organisational information and other matters that are of interest. This is achieved through the intranet, memos, noticeboards, meetings, a clinical record system, education sessions, and policy and procedures. Residents' consent is sought to collect, use and disclose personal information on entry to the home. We observed secure storage of resident's written records and computer based information is kept securely and password protected where appropriate. Computer based information is backed up automatically and managed at organisational level. Staff and residents interviewed said they are kept well informed according to their requirements. Representatives commented the staff and manager are excellent at communicating with them over care and any other issues that may arise.

### **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

Externally sourced services are provided in a way that meets the home's needs and expected service quality. External service providers and suppliers, include fire safety contractors, pest control, trades people and allied health service providers, such as podiatry. Comprehensive service agreements are managed at organisational level for major areas, such as fire monitoring and food supplies and they identify the expectations required by the organisation and the home. All contractors must undertake induction to the home's policies

and safety requirements before their initial commencement and these are repeated every three years. The residents, representatives and staff are able to provide feedback on service delivery. Agreements include; requirements for police checks and work, health and safety requirements when working on site. The management team said contracts are monitored on an ongoing basis and suppliers/service providers changed if they do not meet quality or service requirements. Residents, representatives and staff state they are satisfied with the range of goods and quality of service the home receives.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

#### **Team's findings**

The home meets this expected outcome

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

Examples of improvement initiatives related to Standard 2 Health and personal care implemented over the last 12 months are:

- The home identified a need to improve staff knowledge and skills in the area of evidence based skin integrity care. A contemporary range of wound care products have been introduced following consultation with the local hospital wound specialists. A wound care committee was introduced and care staff have received training in contemporary wound care. Staff stated that the education was very beneficial and wound healing has improved as a result.
- Staff reported an increased need for physiotherapy treatment for residents. Following a review by the registered nurse and physiotherapist management has increased the physiotherapist's hours by four hours per week to a total of eight hours per week. Residents and representatives reported they were very happy with the increased hours.
- A clinical audit and feedback from staff identified diabetic management records were being damaged due to the process staff were following. A review was undertaken and with consultation with care staff all diabetic management records have been separated from other clinical records and relocated into a separate folder. Staff said the new folder has made a big improvement and makes the process safer.

### **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 the expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes. Specific examples of regulatory compliance relating to the Standard 2 Health and personal care include the following:

- The home keeps a register of professional registrations, including those for registered nurses and allied health professionals. There are systems in place to identify when they are due for review.
- The home meets the requirements in relation to the Quality of Care Principles 2014 for the provision of care and specified services. Residents are advised of scheduled services in the residents' agreements and handbook. When existing residents become eligible for increased services they are advised in writing by the organisation about the changes to scheduled services they are entitled to and a new resident agreement is issued.

- The home complies with the legislative requirements for medication administration.

### **2.3 Education and staff development**

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

#### **Team’s findings**

The home meets this expected outcome

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

Education sessions and courses that relate to Standard 2 Health and personal care include;

- First aid
- Medication management
- Diabetic care and Insulin management
- Wound care
- Palliative care
- Pain management
- Continence management
- Dementia and behaviour management.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure residents receive appropriate clinical care. The care needs of residents are assessed on entry to the home and care plans are formulated in consultation with residents/representatives to cater for their individual needs. Information relating to the care needs of residents is communicated between staff through clinical notes, the handover process and communication diary and care plans are regularly reviewed and updated. The care provided is consistent with the care plans and is recorded in the residents’ files along with any changes in their condition. Residents have access to doctors and other relevant health care specialists who regularly visit and review the residents’ condition. Residents/representatives confirm they are fully informed about the clinical care required and are very satisfied 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

The home has systems to identify and meet residents’ specialised nursing care needs. This includes initial and ongoing assessments and appropriate care delivery that is regularly reviewed and evaluated in consultation with residents and medical/allied health



professionals. Specialised nursing care is overseen by registered nurses and there is provision for residents with specialised nursing care needs to be appropriately managed with access to medical and allied health specialists as required. Staff are provided with education and support to ensure they appropriately manage residents' complex and specialised care needs. Residents/representatives are satisfied with the management of residents' specialised care needs.

## **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 residents receive appropriate health and related services according to their needs and preferences. These needs are documented in individual care plans and residents are able to access appropriate health specialists through referrals from their medical practitioner. A physiotherapist and podiatrist visit the home on a regular basis and other specialist health services are available on call or can be accessed in the local community. Records of visits to specialists are kept in resident files and relevant advice from these specialists included in residents' care plans. Management advised the home assists in the arrangement of appointments to health specialists and transportation to appointments as necessary. Residents/representatives are satisfied with the referral and access to appropriate health and related services.

## **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 policies and systems to ensure residents' medications are managed safely and correctly. All staff responsible for administering medication are appropriately trained and have their competencies assessed. The medication needs of a resident are assessed when they come to the home in consultation with residents/representatives and their medical officer. A multi-dose blister pack system is used and all packs are checked against the medical officers' orders upon delivery from the pharmacist. We observed medications are stored securely and staff are using safe and correct procedures in the administration of medication. Doctors review resident medication needs every three months or as needed and a medication review is conducted for each resident by a pharmacist on an annual basis. Medication management is monitored through regular audits and medication incidents are documented, reported and appropriately addressed. Residents/representatives report residents are assisted with their medication requirements and express satisfaction with the administration of medications.

## **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

Residents are assessed for any pain management needs when they come to the home and on an on-going basis. An individual pain management plan is prepared, in consultation with residents/representatives and their medical officers, for all residents identified as experiencing pain. Staff administer pain relief medication as prescribed and feedback is sought from residents/representatives as to the effectiveness of pain management strategies. The Abbey pain scale is used to assess residents with communication and/or cognitive deficits. The home provides alternatives to medication interventions such as, massage, gentle exercise, music therapy, and one-to-one reassurance and diversion. Residents/representatives confirm residents are maintained as free from pain as possible and pain relief can be accessed as required.

## **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 ensures the comfort and dignity of terminally ill residents is maintained and provides palliative care as far as possible. Residents are invited to document their end of life wishes as part of the assessment process when they come to the home and these wishes and directives are recorded in the resident's file. The palliative care team from the local hospital is available to advise and provide support as necessary. All residents reside in single rooms with an ensuite bathroom, which ensures privacy and dignity for the resident and their family. The home is supported by other homes within the organisation that can provide places for terminally ill residents if the home can no longer provide the necessary care for residents requiring palliative care. Residents/representatives confirm they are confident the wishes of residents will be respected and their comfort and dignity will be maintained at the end of life.

## **2.10 Nutrition and hydration**

*This expected outcome requires that "care recipients receive adequate nourishment and hydration".*

### **Team's findings**

The home meets this expected outcome

Residents are assessed on entering the home for dietary needs and preferences and these are documented in a care plan that is regularly reviewed. The residents are offered a varied, healthy and well balanced diet, which was developed in consultation with a dietician. They are weighed quarterly and as needed and special diets and dietary supplements are available to meet residents' specific dietary needs. The home has access to a speech pathologist to assess the swallowing ability of a resident as required. Staff assist or supervise residents with their meals according to their needs and monitor the intake of foods and fluids noting any changes in the residents' progress notes. Residents/representatives interviewed confirm residents are served food that meets their likes and dislikes and dietary requirements.

### **2.11 Skin care**

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

#### **Team's findings**

The home meets this expected outcome

Residents' skin integrity is assessed on entry to the home with skin care needs identified and incorporated into care plans that are evaluated on a regular basis. Staff monitor residents' skin integrity daily, provide sorbolene for each resident after showering and before bed each night and encourage residents to keep up their fluid intake. Incident reports are filled in for skin tears, appropriate action is taken and treatment/progress is documented in wound care charts and clinical notes. Wound care is overseen by the registered nurse/clinical educator and is carried out according to best practice guidelines and in consultation with local medical officers. A podiatrist visits the home regularly to provide foot care. Skin care is monitored through ongoing clinical review, regular auditing and analysis of clinical indicators. Residents/representatives confirm they are satisfied with the care provided.

### **2.12 Continence management**

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

#### **Team's findings**

The home meets this expected outcome

All residents have continence assessment on entry to the home and a care plan and toileting program is developed which is regularly reviewed and evaluated. Residents have ready access to toilets both in their ensuite bathrooms and in the communal areas of the home. Staff monitor and document the continence of residents in daily charts and progress notes. There are adequate supplies of disposable continence aids of varying sizes available for residents and staff are trained in the use of these products. Residents/representatives interviewed confirm residents are happy with the care provided and 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 demonstrated the needs of residents with challenging behaviours are managed effectively. Behavioural assessments are carried out on entry to the home and strategies to deal with challenging behaviours are outlined in resident care plans which are reviewed regularly. Staff are trained in managing challenging behaviours and use a variety of strategies to help calm and settle residents who are agitated or disruptive. No restraint is used at the home. Behavioural incidents are recorded and reviewed. The home has access to the mental health team from the local health service for advice and support and residents are referred to specialist medical officers as necessary. Residents/representatives confirm they are satisfied with the care and the way challenging behaviours are managed by the staff.

## **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 residents are assessed on entry to the home and on an ongoing basis by a consultant physiotherapist who provides a care plan with strategies to achieve optimum levels of mobility and dexterity. Mobility aids and independent living aids are available to all residents and are consistent with individual care plans and identified resident needs. The recreational activities officers run group exercises each day and care staff assist residents with individual exercise programs as instructed by the physiotherapist. The living environment is well lit and uncluttered with hand railings throughout to assist resident mobility. Any incidences of falls are reviewed by the physiotherapist and the effectiveness of strategies to achieve optimum mobility and dexterity is monitored by regular review of clinical data. Residents/representatives say they are satisfied with the assistance provided to residents to achieve optimum levels of mobility and dexterity.

## **2.15 Oral and dental care**

*This expected outcome requires that "care recipients' oral and dental health is maintained".*

### **Team's findings**

The home meets this expected outcome

The home demonstrated residents' oral and dental health is maintained. Residents' oral and dental care needs and preferences are identified on entry to the home, monitored in an ongoing manner, and are documented on care plans. Staff assist residents with oral hygiene daily as outlined in the care plan and any needs or problems are noted in the progress notes and communication book. Residents can access the dentist of their choice and the home can arrange a referral to a dentist if required. A dental prosthetist also visits the home to repair and replace dentures. The home also provided education for residents in relation to oral and dental care. Residents/representatives said residents are assisted with oral hygiene when necessary and are satisfied with the care provided.

## **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

Assessments of residents' sensory loss are undertaken on entry to the home and on an ongoing basis. Strategies to cater for sensory needs are documented in residents' care plans, which are reviewed regularly. Staff assist residents with cleaning glasses and fitting hearing aids as part of the residents' daily personal care routine. They also described other strategies to assist residents with sensory deficits including ways to help them participate in group and individual activities. Referrals are made to relevant health professionals as the needs arise. The home provides a safe hazard free environment and aids to assist those with sensory loss are available. Residents/representatives indicate they are satisfied with the management of 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

Residents’ sleep needs and preferences are assessed on entry to the home and strategies to ensure residents are able to achieve natural sleep patterns are documented in the residents’ care plans. Each resident has their own room which provides privacy and a quiet environment to promote undisturbed sleep. Strategies to assist residents achieve a natural sleep pattern include pain and continence management, warm drinks and medication where prescribed. Residents/representatives confirm the environment is quiet at night and they are satisfied with the way residents are supported to achieve natural sleep patterns.

## **Standard 3 – Care recipient lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

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

Examples of improvement initiatives related to resident lifestyle implemented over the last 12 months are:

- Following the employment of a new activity officer six months ago the activity program has been reviewed and re invigorated with new programs and activities for residents. The new activity officer is enrolled in a certificate four of leisure and lifestyle and is introducing new activities and accessing new resources to enhance the activities program. Residents said they appreciate the new activities and enthusiasm of the activity staff.
- I Pads were purchased following activity staff suggestions and expressed residents’ interest. The I pads were loaded with games and books which can be enhanced for the visually impaired. Culturally specific items such as Vietnamese, Greek or Polish items can also be loaded as required to meet the needs of the residents. The residents meeting minutes confirm that the I Pads have been positively received and used as part of the activity program.
- The home supports the cluster of Vietnamese/Chinese residents by providing a Vietnamese/Chinese speaking registered nurse. The nurse attends once a fortnight (or more often if required) to provide consultation, emotional and cultural support and to review the clinical care of these residents. The Vietnamese residents said that they appreciate the visits and assistance this provides them.
- A new resident activity called “The Wishing Well” has been introduced with great success. Residents are able to submit a written wish into the “well” from which a monthly draw occurs and where ever possible their wish is granted. A recent example is a request for a pet cat for the home. The manager arranged for the adoption of a suitable cat through the local veterinary practice and organised all cat related care procedures. Most residents said they enjoyed having the cat and the resident who made the request is very happy with the outcome.

### **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 the expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes. Specific examples of regulatory compliance relating to the Standard 3 Care recipient lifestyle include the following:

- Resident agreements are offered to all residents according to legislative requirements.
- Policy and procedures for handling allegations of elder abuse and incidents of missing residents have been implemented. There is a register for any incidents and staff receive compulsory education on induction and annually in relation to this area.
- The Charter of Resident Rights and Responsibilities is documented in the resident handbook and resident agreement and is displayed within the home.

### **3.3 Education and staff development**

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

#### **Team's findings**

The home meets this expected outcome

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

Education sessions and courses that relate to Standard 3 Care recipient lifestyle include:

- Mandatory reporting of elder abuse
- Planning and provision of care and activities for residents with dementia
- Person centred care
- Certificate four in leisure and lifestyle.

### **3.4 Emotional support**

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

#### **Team's findings**

The home meets this expected outcome

The home has a system to ensure residents receive support in adjusting to life in the home and on an ongoing basis. Residents are provided with a welcome pack when they move into the home along with information about the home, explanations of the services provided and a tour of the home. The resident's emotional needs are assessed and documented when they move into the home and these are regularly reviewed. The staff and especially the recreational activities officers provide one to one attention to the residents during this settling-in period, on an on-going basis and at times of special need. Observations of staff interactions with residents showed warmth, respect, empathy and understanding. Family and friends are encouraged to visit and community groups provide further emotional support for the residents. The communication and feedback systems also support the residents by keeping them informed about what is happening at the home and enabling them to raise issues and concerns. Residents/representatives express satisfaction with the emotional support offered by management and staff.

### **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

Residents' individual care needs including sensory needs and mobility are identified, assessed and strategies are implemented to maintain maximum independence. Daily group exercises and individual exercise programs assist the residents to maintain their strength and mobility. Residents are encouraged to participate in the recreational activities of the home and are given the opportunity to go on regular bus outings including regular visits to a local shopping centre. A number of the residents go out regularly to visit family, community groups, shops and for other activities. Relatives and friends, along with entertainers and community groups, are encouraged to visit the residents and help them keep in touch with the wider community. The effectiveness of the assistance provided to residents in relation to their independence is monitored through regular review of care plans and resident satisfaction surveys, the comments and complaints mechanism and residents/representatives meetings. Our observation and residents/representatives feedback confirm residents are encouraged to maintain their independence and participate in the life of the community within and outside the home.

### **3.6 Privacy and dignity**

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

#### **Team's findings**

The home meets this expected outcome

The home demonstrated each resident's right to privacy, dignity and confidentiality is recognised and respected. Written consent is obtained from residents to access personal information, place photographs on display and publish their names in newsletters. Staff are required to sign confidentiality agreements on appointment to their positions and those interviewed provided examples of the ways they show respect for residents' privacy and maintain their dignity and confidentiality. Our observation of interactions between staff and residents showed staff respect the privacy and dignity of residents, knocking and waiting for permission before entering residents' rooms and referring to residents in a dignified manner. Residents are accommodated in single rooms with ensuite bathrooms which provide each resident with their own private space. All personal information is collected and stored securely with access by authorised staff only and there are procedures for archiving and disposing of documents in accordance with privacy legislation. The system to maintain the privacy and dignity of residents is monitored by regular audits, the comments and complaints mechanism and residents/representatives meetings. Residents/representatives are satisfied staff respect residents' privacy and maintain their dignity and confidentiality.



### **3.7 Leisure interests and activities**

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

#### **Team's findings**

The home meets this expected outcome

The interests and capabilities of the residents are recorded when they move into the home. The recreational activities officers prepare an activities program to cater for these interests and capabilities and include a wide range of activities. One to one attention for the residents is an integral part of the activities program and caters for those residents who choose not to take part in group activities. The program includes regular bus trips to provide an opportunity for residents who like to go out. It also includes visits by volunteers, entertainers, and community and church groups to help the residents stay in touch with the wider community. The effectiveness of the activities program in meeting residents' interests and needs is monitored through attendance records, activities evaluations, residents/representatives' meetings, resident surveys and informal feedback given to the staff. Residents/representatives indicate residents are encouraged and supported to participate in a wide range of interests and activities of interest to them.

### **3.8 Cultural and spiritual life**

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

#### **Team's findings**

The home meets this expected outcome

The home has a system for ensuring residents' individual interests, customs, beliefs and cultural and spiritual values are fostered. The social history of a resident is assessed and documented when they move to the home and specific cultural and spiritual needs and preferences are identified. Strategies to support culturally and linguistically diverse residents include: a registered nurse from the organisation who regularly visits residents of Asian background; communication/language books available for those who do not speak English; and ethnic newspapers provided for those of CALD background. The celebration of special cultural and religious days is incorporated into the activities program. A regular ecumenical religious service is held at the home and a representative from one of the local churches conducts individual visits for those who choose. A number of residents go out to local community and religious groups to support their specific cultural and religious needs. The residents/representatives are satisfied with the care the home provides for the support of residents' cultural and spiritual lives.

### **3.9 Choice and decision-making**

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

#### **Team's findings**

The home meets this expected outcome

The home has processes to ensure residents participate in decisions about the services provided and are enabled to exercise choice and control in relation to their lifestyle. Residents/representatives are provided with information to assist them in making informed choices. Residents indicate their likes and preferences when they move to the home and

these are documented in resident notes and care plans. Staff are able to describe a number of ways they encourage and support residents to make choices and decisions about their care and lifestyle. The effectiveness of the system in place to ensure residents are able to exercise choice and control over their lives is monitored through resident surveys, meetings and the comments and complaints mechanism. Residents/representatives state they are satisfied residents are able to participate in decisions that impact on them and are enabled to exercise choice and control over their care and lifestyle.

### **3.10 Care recipient security of tenure and responsibilities**

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

#### **Team's findings**

The home meets this expected outcome

Residents and their representatives are advised on entry of the services the home is able to provide. The resident agreement and handbook clearly define the schedule of services provided. The residential agreement provides information on residents' rights and responsibilities including, termination of the agreement, advocacy service contact details, complaint resolution, conditions for transfer, and entitlements for care and services. The Charter of residents' rights and responsibilities is included in the residential agreement and resident handbook. Interviews with the home's manager demonstrate residents and their representatives are consulted in the event of them requiring a change of services or room change. The home also provides this information in writing. This was confirmed by residents and/or their representatives who said they were always consulted concerning any changes to tenure and interviewed residents said they feel secure within the home.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

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

Examples of improvement initiatives related to physical environment and safe systems implemented over the last 12 months are:

- Residents receive twice annual fire education provided by the home’s fire safety officer. Residents said they feel much safer and knew what to do if the fire alarms sounded.
- Wall mounted, split cycle air conditioning units have been installed recently in every resident’s room. This ensures all residents have access to personalised heating or cooling and makes the environment safer. Residents said they were very pleased with the new units and makes their rooms much more comfortable.
- An air conditioning unit has been installed in the kitchen following a staff request. The catering staff said this has made a big difference to their work environment as the kitchen used to be very hot in the summer time and during meal preparation.

### **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 the expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes. Specific examples of regulatory compliance relating to the Standard 4 Physical environment and safe systems include the following:

- The home has a current NSW Food Authority licence and the food safety system has been audited by the NSW Food Authority. An A rating has been received.
- The home has implemented the *Work Health and Safety Act 2011*. The work, health and safety team leader has undertaken extensive risk assessments and safe work practice procedures have been developed. There is a comprehensive chemical hazard register and management system in place.
- The home has a current fire safety statement displayed. External contractors regularly test and service equipment, including firefighting and electrical equipment. Staff attend mandatory twice annual fire safety and evacuation training.

### **4.3 Education and staff development**

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

#### **Team's findings**

The home meets this expected outcome

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

Education sessions and courses that relate to Standard 4 Physical environment and safe systems include:

- Manual handling
- Infection control
- Chemical safety
- Work, health and safety
- Food safety.

### **4.4 Living environment**

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

#### **Team's findings**

The home meets this expected outcome

The management and staff are actively working to provide a safe and comfortable environment according to the needs of residents. The home was observed to be clean and as free from clutter as possible. There is adequate and appropriate furniture, the internal temperature is kept at a comfortable level and there is adequate ventilation and natural lighting. There are external verandas with seating and garden areas which are easily accessed by residents and families. There are a number of communal areas such as lounge, dining and activity rooms which residents and families can use. All residents are accommodated in single rooms with ensuites. The home has an effective and comprehensive preventative and reactive maintenance program in place to ensure the environment is safe and well maintained. Safety and comfort of the home is monitored through feedback from residents, observations from staff, accident/incident reports, hazard reports and environmental audits. Residents and their representatives describe the home as "very comfortable, clean and homely".

### **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

Management and staff are actively working to provide a safe working environment through policies and procedures (local and organisational), hazard identification and management, environmental audits and incident and accident reporting. Staff work practices are supervised and a scheduled maintenance program is in place to minimise risk. Work, health and safety is discussed at meetings and education is provided to ensure staff understand regulatory

requirements. Observations confirmed safety signage on display and personal protective equipment is available for staff. Chemical substances are stored securely, managed correctly and material safety data sheets are provided for all chemicals in use. Staff receive mandatory manual handling, WH&S, safe chemical handling and infection control training during induction and on an ongoing basis. The home has a work, health and safety officer and a representative on the organisational committee to assist management to minimise risks. Staff interviewed stated they are encouraged to report hazards within the home and repairs or replacement take place in a timely manner.

#### **4.6 Fire, security and other emergencies**

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

##### **Team's findings**

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe system of work that minimises fire, security and emergency risks. The home's systems include compulsory twice annual training, policies, procedures and emergency flowcharts. There is a range of emergency and evacuation equipment available and staff are trained in its use. There are also evacuation packs and documented plans for different types of emergencies. Safe storage of chemicals, designated smoking areas and a fire monitoring program reduce the risk of fire. Staff training records confirmed that staff undergo fire training when they are inducted. Regular monitoring and testing of fire and other emergency equipment is carried out by an external fire contractor. External doors are locked after hours and entry is only after the staff have identified the visitors. Residents and their representatives interviewed stated they feel very safe within the home.

#### **4.7 Infection control**

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

##### **Team's findings**

The home meets this expected outcome

The home ensures its infection control program is effective through clear policies and procedures, education and an infection surveillance program. The infection control program is overseen by the manager of the home and is reviewed by the quality committee. The home has mandatory training in infection control and hand washing competencies are assessed. Hand sanitising gel, hand washing facilities, personal protective equipment and other equipment is available to enable staff to carry out infection control procedures. The infection control program also includes an outbreak management policy and kit, a food safety program used in the kitchen, a vaccination program for residents and staff, pest control and waste management. The staff show they have a knowledge and understanding of infection control and were observed implementing the program. The program is monitored through reporting of all infections, audits and trend analysis.

#### **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 hospitality services are provided in a manner that enhances the quality of life for the residents. All meals are cooked on site and served in the pleasant dining room with assistance provided by staff. A tray is provided to the resident's room if they are unwell. Food service and staff practices reflect appropriate food safety guidelines, special dietary requirements and followed infection control requirements. There is a four week rotating menu in place which has been reviewed regularly by a dietician. Residents were very complimentary about the quality, variety and quantity of food served to them. Cleaning services are provided according to a documented program that ensures all areas of the home are cleaned regularly, including high cleaning and irregular cleaning tasks such as windows and curtains. The laundering of personal clothing is done onsite and all other linen is sent out to a contract laundry service. There is a system for regular replacement of worn linen and for labelling and ironing of residents' clothing. Residents and representatives expressed a very high level of satisfaction with all hospitality services provided at the home.