

Estia Health Tuncurry

RACS ID: 2730

Approved provider: Estia Investments Pty Ltd

Home address: 4 Bonventi Close TUNCURRY NSW 2428

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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 12 April 2021.We made our decision on 18 February 2018.The audit was conducted on 16 January 2018 to 18 January 2018. The assessment team’s report is attached. |
| We will continue to monitor the performance of the home including through unannounced visits. |

# Most recent decision concerning performance against the Accreditation Standards

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

### Principle:

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

1.1 Continuous improvement Met

1.2 Regulatory compliance Met

1.3 Education and staff development Met

1.4 Comments and complaints Met

1.5 Planning and leadership Met

1.6 Human resource management Met

1.7 Inventory and equipment Met

1.8 Information systems Met

1.9 External services Met

## Standard 2: Health and personal care

### Principle:

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

2.1 Continuous improvement Met

2.2 Regulatory compliance Met

2.3 Education and staff development Met

2.4 Clinical care Met

2.5 Specialised nursing care needs Met

2.6 Other health and related services Met

2.7 Medication management Met

2.8 Pain management Met

2.9 Palliative care Met

2.10 Nutrition and hydration Met

2.11 Skin care Met

2.12 Continence management Met

2.13 Behavioural management Met

2.14 Mobility, dexterity and rehabilitation Met

2.15 Oral and dental care Met

2.16 Sensory loss Met

2.17 Sleep Met

## Standard 3: Care recipient lifestyle

### Principle:

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

3.1 Continuous improvement Met

3.2 Regulatory compliance Met

3.3 Education and staff development Met

3.4 Emotional Support Met

3.5 Independence Met

3.6 Privacy and dignity Met

3.7 Leisure interests and activities Met

3.8 Cultural and spiritual life Met

3.9 Choice and decision-making Met

3.10 Care recipient security of tenure and responsibilities Met

## Standard 4: Physical environment and safe systems

### Principle:

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

4.1 Continuous improvement Met

4.2 Regulatory compliance Met

4.3 Education and staff development Met

4.4 Living environment Met

4.5 Occupational health and safety Met

4.6 Fire, security and other emergencies Met

4.7 Infection control Met

4.8 Catering, cleaning and laundry services Met



Audit Report

Name of home: Estia Health Tuncurry

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# Introduction

This is the report of a Re-accreditation Audit from 16 January 2018 to 18 January 2018 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 16 January 2018 to 18 January 2018.

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: 129

Number of care recipients during audit: 117

Number of care recipients receiving high care during audit: 98

Special needs catered for: Dementia

# Audit trail

The assessment team spent 3 days on site and gathered information from the following:

## Interviews

| Position title | Number |
| --- | --- |
| Executive director | 1 |
| Care director | 1 |
| Care recipients | 18 |
| Representatives | 1 |
| Administration staff | 1 |
| Catering manager | 2 |
| Catering staff | 1 |
| Care staff | 7 |
| Enrolled nurse | 3 |
| General services staff | 1 |
| Maintenance officer | 1 |
| Occupational therapist | 2 |
| Physiotherapy aide | 1 |
| Property coordinator | 1 |
| Registered nurse | 2 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Personnel files | 12 |
| Care recipients' files | 27 |
| Incidents | 5 |
| Medication charts | 8 |

## Other documents reviewed

The team also reviewed:

* Archiving documents
* Care recipient clinical records: admission details, advanced care directive, assessments, care plans and directives, case conference, consent forms, dietary requirements, monitoring records, progress notes, reports
* Care recipients’ lifestyle assessments, care plans and evaluations
* Comments and complaints register
* Communication records: staff and medical officer communication logs
* Consent forms
* Continuous improvement plan
* Catering documentation: current NSW Food Authority Licence, food safety program manual, monitoring forms, reports and meal choices documents
* Education: learning materials, skills assessment tools, attendance lists, evaluation forms.
* Emergency annual fire safety statement, and diagrams, emergency procedure documents, training records, audits
* Human resources: position descriptions and duty statements, roster, induction checklist and staff handbook.
* Information systems records
* Food safety plan and associated documentation
* Infection control: monitoring records, vaccination registers, outbreak management documentation, cleaning schedules and records, resources
* Maintenance: scheduled maintenance spreadsheet and records, contractors reports, safe work instructions, records of reactive maintenance and hazard reports, tagging of electrical equipment
* Mandatory reporting register
* Meeting minutes – Committees
* Organisational documents: organisational chart, resident information pack, care recipient agreements
* Policy and procedures
* Regulatory compliance: letter to care recipients and representatives regarding Quality Agency re-accreditation audit, consolidated record of reportable incidents, police check and statutory declaration tracking reports, nurses’ registration records, NSW Food Authority report and licence, annual fire safety statement
* Reports and registers for clinical care and risk management
* Resident and accommodation agreement and resident information booklet
* Self-assessment report and supporting evidence, audit results, survey results, plans for continuous improvement and supporting evidence
* Suppliers/contractors contacts list

## Observations

The team observed the following:

* Activities in progress and program on display
* Care recipient lifestyle resources and equipment – various
* Care recipients and/or representatives interacting with staff, visitors and each other
* Clinical and lifestyle equipment and storage
* Clinical handover
* Dining room during lunch services
* Document and records storage
* Egress routes
* Emergency equipment: fire panel, fire safety equipment, emergency exits, emergency evacuation bags, emergency egress route diagrams, key pad locks
* Feedback mechanisms internal and external
* Infection control resources including hand cleansing facilities, colour coded, personal protective equipment, sharps containers, spills kits, outbreak supplies
* Kitchen and laundry areas
* Manual handling equipment: hoist and stand lifters, shower chairs, shower bed bath, slide sheets, walk belts, walking frames and wheel chairs
* Medication system: administration and storage; controlled drugs locked cupboard, drug disposal system; after-hours emergency stock box, and oxygen
* Notices, brochures, forms, mission and values statement and information on display for staff, care recipients and representatives – including AACQA re-accreditation audit notices and the Charter of care recipients’ rights and responsibilities.
* Nurse call system
* Short group observation
* Staff practices and accessing information, including care plans and progress notes
* Staff interacting with medical and other related health services personnel
* Visitor sign in and out book, volunteer sign in and out book, care recipients’ sign in and out books and contractor register
* Waste disposal area including contaminated waste bins and general waste bins/skips

# Assessment information

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

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

### Principle:

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

### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

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

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

* The home has recently had a change of management. The new manager identified that staff meetings had been held, however there was no formal structure to involve staff in the management of the home. A new committee structure has been introduced including WH&S, clinical care, care recipient and representatives, continence management, medication management, food focus, continuous improvement, leisure and lifestyle. This has improved the staff input and involvement in managing the home.
* The new manager identified that the current rostering system for staff was not user friendly and very difficult for staff to understand. A new roster and allocation system has been introduced and staff have reported it is much easier to follow and is user friendly. This has improved the staff use and understanding of rostered shifts within the home.

### 1.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

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

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

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

### 1.3 Education and staff development

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

#### Team's findings

The home meets this expected outcome

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

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

* Comments and complaints
* Equipment management and use
* Leadership skills

### 1.4 Comments and complaints

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

#### Team's findings

The home meets this expected outcome

The home has a system to provide care recipients, representatives and other interested parties with access to internal and external complaints mechanisms. Information on the home’s complaints process is available in the resident handbook and residential accommodation agreements, and is discussed with care recipients and/or representatives as part of the admission process. External complaints brochures are available in various languages and displayed throughout the home. Copies of the home’s improvement log forms are readily available and care recipient advocates are available to assist care recipients with concerns or complaints. Complaints are recorded on the home’s complaint’s register, followed-up and actioned by management, and discussed at the home’s management and continuous improvement meetings. Care recipients have the opportunity to raise and discuss complaints at the home’s monthly care recipient and representatives meeting. Surveys monitor care recipients’ and representatives’ satisfaction with the home’s complaint management process. Staff stated they are aware of how to raise a complaint. Interviews with care recipients/representatives confirmed they are comfortable lodging complaints and providing feedback to management.

### 1.5 Planning and Leadership

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

#### Team's findings

The home meets this expected outcome

##### The organisation’s vision and values, incorporating philosophy, objectives and commitment to quality, have been documented. This information is conveyed to staff at induction and training and in key documents give to them. The vision and values are communicated to care recipients and their representatives via key documents given to them.

### 1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service’s philosophy and objectives".

#### Team's findings

The home meets this expected outcome

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

### 1.7 Inventory and equipment

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

#### Team's findings

The home meets this expected outcome

The home has processes to monitor stock levels, order goods and maintain equipment to ensure delivery of quality services. Goods and equipment are securely stored and, where appropriate, stock rotation occurs. Preventative maintenance and cleaning schedules ensure equipment is monitored for operation and safety. The home purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Staff receive training in the safe use and storage of goods and equipment. Staff, care recipients and representatives interviewed stated they are satisfied with the supply and quality of goods and equipment available at the home.

### 1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

#### Team's findings

The home meets this expected outcome

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

### 1.9 External services

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

#### Team's findings

The home meets this expected outcome

The home uses external contract services to assist in meeting the residential care service’s needs and service quality goals. The organisation undertakes a formal tender process for the selection of external suppliers and corporate staff in conjunction with the home’s management are responsible for the negotiation and monitoring of external contracts, including the monitoring of police certificates, insurance, legislative and regulatory requirements. Service agreements outline the responsibilities of both the contractor and the organisation. Site staff have access to external contractor information through the organisation’s intranet site and information available at the home. Care recipients, representatives and staff said they are satisfied with the external services provided.

## Standard 2 - Health and personal care

### Principle:

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

### 2.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvement initiatives relating to Accreditation Standard Two are:

* The new management identified via a staff meeting, that there was insufficient equipment for clinical staff to provide the clinical care required for some care recipient needs. New equipment including seating cushions, mattress overlays, lifting slings, and weigh stations have been purchased by the home. This has improved the clinical care provided to care recipients living within the home.
* Clinical staff identified that the care recipient manual handling chart was complex and out of view for staff as the chart was located within the care recipient wardrobe. In consultation with the occupational therapist, a new chart has been developed that is easier for staff to identify the care recipient’s manual handling needs. The chart is now located on the outside of the wardrobe door. This has improved the access for clinical staff to identify the care recipient’s manual handling needs.

### 2.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

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

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

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

### 2.3 Education and staff development

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

#### Team's findings

The home meets this expected outcome

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

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

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

* Clinical waste management.
* Falls prevention.
* 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 mechanisms to ensure care recipients receive clinical care that is appropriate to their needs and preferences. Care needs are identified on entry and on an ongoing basis through a review and transfer of information, consultation with the care recipient and/or their representative and assessment processes. Individual care plans are developed by qualified staff and reviewed regularly. There are processes to ensure staff have access to current information to inform care delivery including care plans, progress notes and handovers. Care recipients' clinical care needs are monitored, evaluated and reassessed through incident analysis, reviews and feedback. The home regularly reviews and evaluates the effectiveness of the clinical care system and tools used. Changes in care needs are identified and documented; where appropriate, referrals are made to medical officers or health professionals. Staff provide care consistent with individual care plans. Care recipients and representatives interviewed stated they are satisfied with the clinical care being 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

Care recipients' specialised nursing care needs are identified through assessment processes on entry to the home. Care is planned and managed by appropriately qualified staff. This information, together with instructions from medical officers and health professionals is documented in the care plan. Specialised nursing care needs are reassessed when a change in care recipient needs occurs and on a regular basis. The home's monitoring processes identify opportunities for improvement in relation to specialised nursing care systems and processes. Staff have access to specialised equipment, information and other resources to ensure care recipients' needs are met. Specialised nursing care is delivered by appropriately qualified staff consistent with the care plan. Care recipients and representatives interviewed are satisfied with how care recipients' specialised nursing care needs are managed.

### 2.6 Other health and related services

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

#### Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Health specialist directives are communicated to staff and documented in the care plan and care is provided consistent with these instructions. Staff practices are monitored to ensure care is in accordance with the care recipients' needs and preferences. Staff support care recipients to attend external appointments with health specialists. Care recipients and representatives interviewed stated they are satisfied referrals are made to appropriate health specialists of their choice and staff carry out their instructions.

### 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 care recipients' medication is managed safely and correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. Medical officers prescribe and review medication orders and these are dispensed by the pharmacy service. Documented medication orders provide guidance to staff when administering or assisting with medications. Procedural guidelines provide clarification surrounding safe medication practices. The home's monitoring processes include reviews of the medication management system and analysis of medication incident data. Opportunities for improvement in relation to the medication management system are identified and addressed. Staff who administer or assist with medications receive education in relation to this. Care recipients and representatives interviewed are satisfied care recipients' medications are provided as prescribed and in a timely manner.

### 2.8 Pain management

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

#### Team's findings

The home meets this expected outcome

Care recipients' pain is identified through assessment processes on entry to the home and as needs change. Specific assessment tools are available for care recipients who are not able to verbalise their pain. Care plans are developed from the assessed information and are evaluated to ensure interventions remain effective. Medical officers and allied health professionals are involved in the management of care recipients' pain. The home's monitoring processes identify opportunities for improvement in relation to pain management systems and processes. Staff assess care recipients' verbal and non-verbal indicators of pain and implement appropriate actions, including utilising a range of strategies to manage comfort levels. Care recipients and representatives interviewed are satisfied care recipients are as free as possible from 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 processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or representative to identify end of life care wishes and this information is documented in an end of life plan. The home uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. There is a supportive environment which provides comfort and dignity to the care recipient and their representatives. Care recipients remain in the home whenever possible, in accordance with their preferences. Referrals are made to medical officers, palliative care specialist teams and other health specialist services as required. Staff practices are monitored to ensure the delivery of palliative care is in accordance with the end of life plan. Staff follow end of life plans and respect any changes which may be requested. Care recipients and representatives interviewed are satisfied care recipients' comfort, dignity and palliative care needs are maintained.

### 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

Care recipients' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry. Care recipients' ongoing needs and preferences are monitored, reassessed and care plans updated. There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and identify those care recipients who are at risk. The home provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. Staff have an understanding of care recipients' needs and preferences including the need for assistance, texture modified diet or specialised equipment. Staff practices are monitored to ensure nutrition and hydration needs are delivered in accordance with care recipients' needs and preferences. Care recipients and representatives interviewed are satisfied care recipients' nutrition and hydration requirements are met.

### 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

Care recipients' skin care requirements, preferences and special needs are assessed and identified, in consultation with care recipients and/or representatives. Care plans reflect strategies to maintain or improve care recipients' skin integrity and are reviewed regularly. Skin care needs are monitored, evaluated and reviewed as required. Referral processes to other health specialists are available if a need is identified. The home's monitoring processes identify opportunities for improvement in relation to skin care; this includes a process for documenting and analysing incidents relating to skin integrity. Staff promote skin integrity through the use of moisturisers, pressure relieving devices, repositioning and safe manual handling techniques. Care recipients and representatives interviewed are satisfied with the assistance provided to maintain skin integrity.

### 2.12 Continence management

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

#### Team's findings

The home meets this expected outcome

Care recipients' continence needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and regular evaluation occurs to ensure strategies remain effective. Care staff have an understanding of individual care recipients' continence needs and how to promote privacy when providing care. Changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. Equipment and supplies such as continence aids are available to support continence management. The home's monitoring processes identify opportunities for improvement in relation to continence management; this includes the collection and analysis of data relating to infections. Staff are conscious of care recipients' dignity while assisting with continence needs. Care recipients and representatives interviewed are satisfied with the support provided to care recipients in relation to continence management.

### 2.13 Behavioural management

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

#### Team's findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are identified through assessment processes and in consultation with the care recipient, their representative and/or allied health professionals. Individual strategies to manage challenging behaviours are identified and documented in the care plan and are regularly evaluated to ensure they remain effective. The home practices a minimal restraint policy; where restraint is used it has been assessed, authorised and is monitored to ensure safe and appropriate use. Restraint authorisation is reviewed on a regular basis. The home's monitoring processes identify opportunities for improvement relating to behaviour management; this includes the collection and analysis of behavioural incident data. Staff have an understanding of how to manage individual care recipients' challenging behaviours, including those care recipients who are at risk of wandering. Care recipients and representatives interviewed said staff are responsive and support care recipients with behaviours which may impact on others.

### 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

Care recipients' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative.  Where a need is identified, referrals are made to medical officers and other health specialists, including physiotherapists. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' needs are met. The home's monitoring processes identify opportunities for improvement in relation to mobility, dexterity and rehabilitation, including the collection and analysis of data relating to accidents and incidents. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Associated programs are delivered by appropriately skilled staff, consistent with the care plan. Care recipients and representatives interviewed are satisfied with the support provided for achieving 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

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and/or their representative.  Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. The home's monitoring processes identify opportunities for improvement in relation to oral and dental management systems and processes, including clinical monitoring processes and consultation. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care and where necessary referrals are made to health specialists such as dentists. Care recipients and representatives interviewed are satisfied with the assistance given by staff to maintain care recipients' teeth, dentures and overall oral hygiene.

### 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

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual needs and preferences and are reviewed regularly. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or request and are assisted to attend appointments as required. The home's monitoring processes identify opportunities for improvement in relation to how sensory loss is managed, including clinical monitoring processes and consultation with care recipients, representatives and health professionals. Staff receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipients' needs. Care recipients and representatives interviewed are satisfied with the support provided to manage care recipient sensory needs.

### 2.17 Sleep

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

#### Team's findings

The home meets this expected outcome

Care recipients' sleep patterns, including settling routines and personal preferences, are identified through assessment processes on entry. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep; where appropriate medical officers are informed of sleep problems. The environment is optimised to ensure it supports natural sleep and minimises disruption. Environmental and clinical monitoring processes identify opportunities for improvement in relation to sleep management. Staff support care recipients when normal sleep patterns are not being achieved. Care recipients and representatives interviewed are satisfied support is provided to care recipients and they are assisted 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.

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

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

* The home identified that not all care recipients and representatives were able to observe the notice boards for planned activities within the home. Monthly activities schedules are now located in each care recipient room. This has improved the care recipients and representatives awareness of the planned activities within the home for the month.
* A care recipient living in the home had requested that a care recipient be the chairperson of the care recipient and representatives meetings. In consultation with the home’s management and care recipients, it has been agreed that a care recipient would chair future meetings and management would attend meetings to answer or discuss any concerns that care recipients may raise. This has improved the care recipients independence, autonomy and interests within the home.

### 3.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

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

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

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

* Care recipients’ consent to release of information
* Resident care agreements
* Procedure for mandatory reporting of elder abuse

### 3.3 Education and staff development

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

#### Team's findings

The home meets this expected outcome

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

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

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

* Recreational activities staff have completed dementia training via an Australian University external course.

### 3.4 Emotional support

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

#### Team's findings

The home meets this expected outcome

The home provides initial and ongoing support to each care recipient in adjusting to their new life in the home. An initial assessment process identifies their need for emotional support with results used to develop a personalised plan of care that is regularly reviewed, evaluated and updated. Care recipients’ emotional needs are assessed on an individual basis with consideration for their background, family dynamics, physical and mental health. Other support services available include new care recipients being introduced to and welcomed by other care recipients, newsletters, care recipient and representative meetings, and as desired, visits from pastoral and religious clergy. Staff were observed providing support to care recipients in participating in life at the home whilst respecting their right to refuse. Care recipients/representatives are satisfied with the emotional support offered when a care recipient first enters the home and said the support is ongoing.

### 3.5 Independence

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

#### Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. A range of initial and ongoing assessments identify the care recipients’ needs and preferences for independence. Results including the need for assistive devices are integrated into a regularly evaluated care plan to assist them in achieving and maintaining their independence. The home encourages the involvement of family and friends for care recipients as desired. Staff discussion and access to the home’s newsletters, activity schedule and to local newspapers assist care recipients knowing about their community within and outside of the home. Care recipients/representatives confirmed care recipients are encouraged and assisted by staff to access and participate in a wide variety of community activities inside 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

Confidential and private information is obtained with the prior consent of the care recipients and/or their representatives and is securely stored. Staff said they sign a confidentiality agreement on commencing at the home. Staff confirmed they receive ongoing training and monitoring on supporting each care recipient’s privacy, dignity and confidentially including secure use and storage of their information. Observations of staff attending care recipients in a respectful and courteous manner show their awareness of each care recipients’ right to privacy, dignity and confidentiality. Care recipients/representatives said care recipients live their lives at the home with privacy and dignity.

### 3.7 Leisure interests and activities

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

#### Team's findings

The home meets this expected outcome

Recreational and leisure interest assessments are conducted on a care recipient’s initial entry to the home. The results are used to develop and regularly review an individualised plan supporting a personalised approach for encouraging care recipients’ participation in a range of preferred interests and activities. A care recipient’s level of participation and their feedback assist staff in the ongoing development and review of the person-centred plan including group and one-on-one activities. Group activities offered include bus outings, craft, quizzes, table and floor games, and gentle exercise programs. Other group activities enjoyed by care recipients include birthday celebrations, bingo, café, and music sessions provided by external entertainers. Care recipients/representatives stated care recipients participate in a wide range of activities of interest to them and confirmed their right to refuse is respected.

### 3.8 Cultural and spiritual life

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

#### Team's findings

The home meets this expected outcome

Preferences and requirements for care recipients’ individual interests, customs, beliefs and cultural and ethnic backgrounds are identified, valued and fostered. An initial cultural and spiritual assessment including information provided by the care recipient and/or their family is used to develop and regularly review a personalised plan of care. Cultural and spiritual needs are also considered when planning clinical care and end of life wishes. The home uses comprehensive information and communication aids that assist staff in identifying, supporting and meeting the needs and preferences of care recipients from culturally and linguistically diverse backgrounds. Observation and care recipients/representatives statements confirmed care recipients are encouraged to use photographs and other visual displays of their cultural and spiritual heritage. Cultural, international, national and other celebratory days are observed at the home including Christmas day, ANZAC day, Easter, Saint Patrick’s day, Mother’s day and Father’s day. Care recipients/representatives confirmed care recipients can choose to attend on-site spiritual/church services as desired. Care recipients/representatives are satisfied with the range of individual interests, and cultural and spiritual support available and provided to care recipients.

### 3.9 Choice and decision making

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

#### Team's findings

The home meets this expected outcome

Each care recipient (or his or her representative) participates in decisions about the care and services a care recipient receives on entry to the home. Care recipients and/or their representatives decide on a range of care and services available including choice of meals and participation in leisure interests and activities. Information packages and the offer of a residency agreement ensure each care recipient (or his or her representative) are aware of choices available to care recipients. Observations confirmed information regarding care recipients’ rights, complaints mechanisms and advocacy services are displayed around the home and documented in entry packages, information handbooks and the residency agreement. Care recipients are aware of the need to not infringe on the rights of other care recipients. Care recipients/representatives expressed satisfaction with the encouragement and support provided in making choices and decisions about the care and services received by care recipients.

### 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 assist care recipients to understand their rights and responsibilities and security of tenure. Management discuss pre-admission information with prospective care recipients/representatives, including a tour of the home. On entry care recipients receive a copy of the residential accommodation agreement, including information on security of tenure, complaints mechanisms and the Charter of Care Recipients’ Rights and Responsibilities. Relocation of care recipients from one room to another or to another aged care home only takes place after consultation with care recipients and/or their representative. Care recipients/representatives said they are satisfied their tenure is secure and that they are aware of their rights and responsibilities.

## Standard 4 - Physical environment and safe systems

### Principle:

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

### 4.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

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

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

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

* Management and the homes consulting occupational therapist identified optimum levels of mobility and dexterity could be achieved for some care recipients by having gym resources available within the home. As such the home established a gym with appropriate equipment and developed appropriate mobility, dexterity and rehabilitation care plans for some care recipients who could benefit from using such equipment. We observed during the reaccreditation assessment that some care recipients using the equipment under the supervision and assistance from the occupational therapist and physiotherapist aides had significantly improved levels of mobility and dexterity. One care recipient who had not walked for two years is now able to walk with the help of a walking frame.
* The home has identified that the courtyard adjacent to the House 6 dining room was unattractive and in need of upgrading. The home has engaged an external landscaping contractor to review the available garden area and the contractor has completed new landscaping for the area. This has improved the garden area as well as improving the ambience for care recipients at meal times in the dining room.

### 4.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

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

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

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

* Food safety license issued by the NSW Food Safety Authority
* Current fire safety statement
* Work health and safety processes

### 4.3 Education and staff development

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

#### Team's findings

The home meets this expected outcome

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

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

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

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

### 4.4 Living environment

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

#### Team's findings

The home meets this expected outcome

The home's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. Environmental strategies are employed to minimise care recipient restraint. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Care recipients and representatives interviewed are satisfied the living environment is safe and comfortable.

### 4.5 Occupational health and safety

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

#### Team's findings

The home meets this expected outcome

There are processes to support the provision of a safe working environment, including policies and procedures, staff training, routine and preventative maintenance and incident and hazard reporting mechanisms. Opportunities for improvement in the occupational health and safety program are identified through audits, inspections, supervision of staff practice, and analysis of incident and hazard data. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's workplace health and safety program. Staff were observed to carry out their work safely and are satisfied management is actively working to provide a safe working environment.

### 4.6 Fire, security and other emergencies

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

#### Team's findings

The home meets this expected outcome

Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff; this includes an emergency evacuation plan. Staff are provided with education and training about fire, security and other emergencies when they commence work at the home and on an ongoing basis. Emergency equipment is inspected and maintained and the environment is monitored to minimise risks. Staff have an understanding of their roles and responsibilities in the event of a fire, security breach or other emergency and there are routine security measures. Care recipients and representatives interviewed are aware of what they should do on hearing an alarm and feel safe and secure in 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 has processes to support an effective infection control program. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff and management follow required guidelines for reporting and management of notifiable diseases. Care plans describe specific prevention and management strategies. The home's monitoring processes identify opportunities for improvement in relation to infection control; this includes observation of staff practices, analysis of clinical and infection data and evaluation of results. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, vaccination programs, a pest control program, waste management and laundry processes. Staff are provided with information about infections at the home and have access to policies and procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Care recipients, representatives and staff interviewed are satisfied with the prevention and management of infections.

### 4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances care recipients’ quality of life and the staff’s working environment".

#### Team's findings

The home meets this expected outcome

The home identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. There are processes available that support care recipients to have input into the services provided and the manner of their provision. The home's monitoring processes identify opportunities for improvement in relation to the hospitality services provided; this includes feedback from care recipients and representatives and monitoring of staff practice. Hospitality staff interviewed said they readily have access to information about care recipient preferences and receive feedback about services provided. Staff are satisfied the hospitality services enhance the working environment. All care recipients and their representatives interviewed were satisfied with cleaning and laundry services and with the exception of two were satisfied with the food and state meals are a part of the day they look forward to.