



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

IRT Crown Gardens RACS ID: 0550

Approved Provider: Illawarra Retirement Trust

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 13 March 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 27 April 2015 to 27 November 2018.

Reason for decision

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

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

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

This decision is effective from

13 October 2017

Accreditation expiry date

27 November 2018



Australian Government

Australian Aged Care Quality Agency

IRT - Crown Gardens

RACS ID 0550

1 Guy Lane

BATEMANS BAY NSW 2536

Approved provider: Illawarra Retirement Trust

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 27 April 2018.

We made our decision on 13 March 2015.

The audit was conducted on 03 February 2015 to 04 February 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



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Australian Aged Care Quality Agency

Audit Report

IRT - Crown Gardens 0550

Approved provider: Illawarra Retirement Trust

Introduction

This is the report of a re-accreditation audit from 03 February 2015 to 04 February 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 03 February 2015 to 04 February 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:	Barbara Knight
Team member/s:	Margaret Dawson

Approved provider details

Approved provider:	Illawarra Retirement Trust
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Details of home

Name of home:	IRT - Crown Gardens
RACS ID:	0550

Total number of allocated places:	40
Number of care recipients during audit:	36
Number of care recipients receiving high care during audit:	24
Special needs catered for:	

Street/PO Box:	1 Guy Lane	State:	NSW
City/Town:	BATEMANS BAY	Postcode:	2536
Phone number:	02 4475 3633	Facsimile:	02 4472 9763
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Area manager	1	Care recipients/representatives	9
Care manager	1	Sales consultant	1
Registered nurse/educator	1	Volunteers	1
Nurse practitioner	1	Hotel services manager	1
Team leader	1	Cleaning staff	1
Psychologist	1	Administration assistant	1
Welfare officer	1	Maintenance staff	1
Lifestyle officers	2	Aged care employees	8
Physiotherapist	1		

Note: aged care employees are multi-skilled and cover care, catering and laundry services

Sampled documents

	Number		Number
Care recipients' files	8	Medication charts	6
Summary/quick reference care plans	8	Personnel files	4

Other documents reviewed

The team also reviewed:

- Care manuals including clinical care procedures
- Residents' information handbook and pre entry package, interim and permanent agreements
- Clinical and care assessment electronic documentation (including assessments for Aged Care Funding Instrument (ACFI) and initial and ongoing residents care needs and preferences such as resident dietary and menu choices, observation charts including weights, continence, behaviours, hygiene/grooming, sleep, skin integrity, pain, mobility, falls risk, toileting, oral health specialised nursing care, bowel charts, physiotherapy; wound assessments and risk management assessments and social/lifestyle history and leisure)
- Clinical care tools: specialist and allied health referral and review documents, accidents and incidents, assessment guidelines, comprehensive medical assessments and evaluations
- Complaints register
- Continuous improvement plan, quality log register, audit and survey results
- Criminal record check register
- Education calendar, attendance records and evaluations, orientation checklist, competency assessments

- Employee and volunteer handbooks
- External contracts register and service agreements, contractor handbook
- Infection control material: trend data, outbreak management program, residents/staff vaccination records, infection incidence and antibiotic utilisation chart, needle stick injury procedure
- Information processes : Electronic communication systems including clinical care, Meeting minutes and meeting schedules- residents, memo folder, feedback folder, communication books for medical officers, physiotherapist, staff and residents' handbooks, residents' information package and satisfaction surveys
- Mandatory reporting register
- Medication management reviews, medication incidents, electronic and hard copy medication management system, schedule eight drug registers
- Meeting minutes including residents, staff, quality, work health and safety
- Policies and procedures
- Position descriptions and duty statements, performance planning and review records
- Professional staff registration records
- Purchasing processes (electronic) with associated documentation including capital expenditure and replacement of items in daily use
- Recruitment policies and electronic recruitment processes
- Residents lifestyle individual activity assessments, monthly activity calendars, residents social/lifestyle profiles, reviews and evaluation
- Residents/representative consent for photographs, videos

Observations

The team observed the following:

- Activity program on display in all areas, activities in progress, residents' leisure and lifestyle calendar and resources
- Archive room
- Charter of Residents' Rights and Responsibilities displayed
- Daily menu displayed on notice boards
- Equipment and supply storage rooms including clinical, medication and linen stock in sufficient quantities and equipment available and in use for manual handling such as hand rails, ramps, walk belts, mobile walkers and walking sticks
- Fire and mimic panels, annual fire safety statement, fire equipment, emergency manuals and flip charts, emergency evacuation kit, disaster management plan
- Hairdressing salon with residents enjoying individual attention
- Infection control resources including infection control flip charts, hand washing facilities and hand sanitisers, personal protective and colour coded equipment, spills kits, sharps containers, contaminated waste disposal, outbreak management kit,
- Information noticeboards and brochures displayed including internal and external complaints mechanisms and locked suggestion boxes
- Interactions between staff, residents, representatives
- Living environment internal and external

- Medication round in progress, medication/pathology refrigerator temperature readings, schedule eight medication secure storage
- Noticeboards with information brochures on display for residents, visitors and staff
- Notices of impending Accreditation site audit on display throughout the home
- NSW Food authority audit report, food safety manual, cleaning, temperature and sanitising records consistent with hazard analysis critical control point (HACCP) requirements
- Residents utilising pressure relieving mattresses, bed rail protectors, suitable footwear
- Short group observation Nelligen dining room
- Sign in and out books
- Staff work areas including clinic/treatment/staff room, reception and offices
- The dining environments during midday meal service, morning and afternoon tea, including resident seating, staff serving/supervising, use of assistive devices for meals and residents being assisted with meals in their rooms

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

IRT Crown Gardens has established systems and processes that support continuous quality improvement. A continuous improvement plan is developed including improvements identified at organisation and local level. Information is obtained through comments and complaints, results of audits and surveys, incident reports, meetings, observation and informal feedback from staff, residents and representatives. Feedback to key stakeholders including board, staff, residents and family members is through meeting minutes, memoranda, noticeboards and newsletters.

Continuous improvement activities undertaken in relation to Accreditation Standard One – Management Systems, Staffing and Organisational Development include:

- Introduction of an organisation wide electronic recruitment system to streamline recruitment and selection of staff. At a local level this simplifies the process for managers and saves time previously spent on recruitment.
- Implementation of a new system for criminal record checks has simplified the process and resulted in increased efficiencies and decrease in time taken
- To encourage teamwork, incentives have been introduced to acknowledge those staff who work together and "go the extra mile" in care and service delivery
- To meet the increasing needs of residents a review of duty statements has been undertaken and additional rostered hours allocated
- Introduction of electronic care system with intensive education for managers and staff and ongoing support at local level. All care information is now readily available and staff demonstrate increased knowledge of residents' individual needs (see also expected outcome 2.1)

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Information is disseminated throughout the organisation regarding legislative changes and any impact they may have at a local level. Information is obtained through peak industry bodies, circulars and bulletins from

government and non-government departments and professional organisations. Regulatory issues and updates are communicated to staff through memoranda, meetings and education sessions. Staff state they are made aware of regulatory issues and that they have access to information regarding legislative and regulatory requirements.

Examples of the monitoring and compliance with regulatory requirements relevant to Accreditation Standard One are:

- A system to ensure criminal history checks for all staff remain current and the maintenance of a criminal history check register.
- A system to ensure compliance with legislation regarding the compulsory reporting of assaults.
- Notification to residents/representatives of the accreditation site audit and their right to speak with the assessment team.

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

IRT Crown Gardens demonstrates that systems and processes ensure both management and staff have appropriate knowledge and skills to perform their roles effectively. Education is provided at organisational and local levels and staff have access to external training programs. A flexible education calendar is developed which includes needs identified through complaints, mandatory requirements, in response to resident care needs and staff requests. A comprehensive orientation program provides new staff with training to perform their roles. Discussions with staff demonstrate that they have access to education to enable them to perform their roles effectively.

Education relevant to Accreditation Standard One includes:

- Continuous improvement and Accreditation
- Elder abuse and mandatory reporting requirements
- Planning and leadership

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

There are systems to ensure that residents, their representatives and other interested parties have access to internal and external complaints mechanisms. Internal mechanisms include meetings, suggestions/complaints forms, and discussions with management. Residents and family members are encouraged to address any concerns directly with the home's management. Information on external complaints mechanisms is available and detailed in the resident handbook and resident agreement. Review of the complaints register demonstrates that complaints are documented, actioned and closed off within appropriate timeframes. Interviews with residents/representatives confirm they are aware of internal and

external complaints mechanisms and that any concerns are promptly addressed at local level.

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 mission and values of the organisation are documented and displayed in the home. The strategic plan takes a whole of organisation approach and is reviewed annually by the Board. A weekly newsletter from the Chief Executive Officer is distributed to all staff. The home's continuous improvement plan demonstrates its ongoing commitment to quality care and service. Management and staff are aware of and understand the philosophy of the organisation and their commitment can be observed in the practices and attitudes and interactions between management, staff and residents/representatives

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

IRT Crown Gardens has systems and processes to ensure there are sufficient staff with the appropriate knowledge and skills to provide care and services to the residents. There are recruitment and selection processes, an orientation program including buddy shifts, ongoing education and a performance management system. Regularly reviewed position descriptions and duty statements guide staff in their duties. Staff employed as Aged Care Employees are multifunctional and provide both care and hospitality services and have individual portfolios such as work health and safety and infection control. There is access to an Employee Assistance Program to support staff who are experiencing difficulties in their home or work life. Staff interviewed advise that they have sufficient time to perform their duties and have the opportunity to provide feedback on staffing levels as residents' care needs increase. Residents/representatives interviewed are satisfied that there are appropriately skilled and qualified staff available to meet their needs.

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

IRT Crown Gardens has systems to ensure there are stocks of appropriate goods and equipment available for the delivery of quality services. These include purchasing and asset management procedures, a system to check goods on delivery, preventative and reactive maintenance programs to ensure equipment is safe for use and a system to ensure appropriate storage and timely use of perishable items to avoid spoilage and contamination. External contractors ensure essential services such as fire equipment, automatic doors, and

pest control are maintained. Observation, management and staff interviews demonstrate there are appropriate levels of stock and equipment including medical supplies, food, chemicals, furniture and linen, to provide quality care and services to residents.

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 effective information management systems in place in the home. The system includes collection, usage, creation, communication, storage and destruction of records. Management and staff have access to information electronically, including systems for managing recruitment processes; purchasing; clinical care and medication; clinical "alerts"; collection of clinical data; policies and procedures, preventive maintenance schedules and maintenance requests. Information is password protected with varying levels of access. Information is also distributed to management, staff, residents and residents/representatives through information packages and brochures, handbooks, newsletters and meeting minutes. Observation demonstrates resident and staff files are securely stored and appropriately archived. Staff and residents/representatives report they are satisfied that they have access to appropriate information.

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 service quality goals. An approved list of service providers is available electronically. All external service providers have contracts/agreements in place with certificates of currency, licenses and insurance as appropriate. A contractors' handbook is available for all service suppliers. Quality of service is constantly reviewed and is evaluated annually. There are mechanisms in place to monitor and ensure service providers' compliance through the comments and complaints mechanisms, resident/representative and staff feedback, and satisfaction surveys. Staff and residents/representatives interviewed express satisfaction with current external services.

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

For details of the continuous improvement system refer to expected outcome 1.1 Continuous improvement in this report.

Examples of continuous improvement activities relevant to Accreditation Standard Two include:

- Introduction of the electronic care management system identified some deficiencies and prompted changes in the care planning processes.
 - Review of the assessment processes for ACFI (Aged Care Funding Instrument) has been undertaken and revised schedules implemented.
 - Streamlining of the case conferencing process as all information is readily available
- Identification that some resident and family members wishes in regards to end of life care may change over time has prompted an annual review of advanced care directives to ensure that end of life wishes remain current.
- Liaison with visiting medical practitioners to improve communication and ensure regular consultation regarding ongoing needs, such as medication updates.
- To meet increasing needs of residents ageing in place, additional equipment such as a weigh chair has been purchased to ensure accurate monitoring of resident status

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 also in this report to expected outcome 1.2 Regulatory compliance for details about the home's systems to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards and guidelines.

Examples of compliance with regulations relevant to Accreditation Standard Two include:

- A system to ensure the currency of professional staff registrations
- A system to ensure compliance with legislation regarding medication management practices

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 also in this report to expected outcome 1.3 Education and staff development and expected outcome 1.6 Human resource management.

Examples of education relevant to Accreditation Standard Two include:

- Behaviour management
- Sensory loss
- Continence management
- Skin tears and wound care

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

IRT Crown Gardens has systems and policies in place to ensure residents’ receive clinical care appropriate to their needs. A comprehensive program of assessments is carried out when residents move to the home and care plans are prepared by skilled staff in consultation with the residents/representatives and others involved in clinical care. The registered nurse reviews the care plan three monthly or as the residents’ clinical needs change. A certified nurse practitioner assesses changes in residents clinical care needs as required and liaises with the visiting medical officers enabling more timely changes in required treatment, for example commencement of antibiotics. Residents are regularly reviewed by the visiting medical officers and referred to specialised and allied health professionals as care needs indicate. Care staff are provided with current residents clinical care information through the handover processes, electronic messaging, case conferences, progress notes and care plans. Staff interviews demonstrate they are knowledgeable about the care requirements of individual residents and procedures related to clinical care. Residents said they receive efficient and effective clinical care and representatives said staff are sensitive to individual needs and preferences of residents.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

IRT Crown Gardens has effective systems to ensure the specialised nursing care needs of residents are identified and met by appropriately qualified staff. The specialised nursing care needs of residents are regularly assessed and documented by nursing staff. Staff have access to resources and education from supply providers. Specialist medical and allied health professionals are accessed to review residents individual needs as required. Interviews confirm residents/representatives are satisfied with the assessment and management of specialised nursing care needs of residents

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has an effective system to refer residents to a range of health services including their choice of doctor, allied health services and other relevant clinical specialist providers to meet the residents’ needs and preferences. Residents’ clinical notes indicate they are referred to health professionals of their choice when necessary. Review of clinical records show that residents have accessed specialists’ services including: audiology, optometry, podiatry, dental, psycho-geriatrician, mental health, dietician, occupational therapy and others. Residents/representatives are satisfied that referrals to appropriate health specialists are in accordance with their needs and preferences.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ medication is managed safely and correctly. Medications are stored in lockable cupboards and trolleys. Medications are administered by staff with appropriate training and competency testing. Administration of medications is against a documented electronic medication chart, written by the resident’s preferred doctor. Pharmacy supply medications on a regular basis and are available after hours as required. Review of medication incidents shows the management of each incident is consistent with residents safety. Observation of medication administration confirms safe practice. Interviews with residents/representatives demonstrate satisfaction with medication management in the home.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

IRT Crown Gardens has systems to ensure all residents are as free as possible from pain. An assessment of pain is completed on entry to the home. Following assessment a care plan to manage the pain is developed. Review of documents shows pain assessments both verbal and non-verbal are in use. Individual pain needs are considered to ensure the most appropriate method of pain relief is used for each resident. Observation of staff practices shows consultation with residents about pain management. Interviews with residents/representatives demonstrate satisfaction with the way the home effectively manages pain.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill residents is maintained”.

Team’s findings

The home meets this expected outcome

IRT Crown Gardens has systems and processes to ensure that the dignity and comfort of residents who are terminally ill is maintained in consultation with residents and their representatives. Analgesia and other pain relief measures such as massage are available to minimise residents’ distress. Spiritual and emotional support for residents and their representatives is available if required. Staff have undergone training in palliative care and advise there is a palliative care kit in use as required for residents who are palliating. Staff are aware of the processes used when residents are receiving end of life care.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents receive adequate nourishment and hydration. Initial and ongoing assessment of residents’ dietary preferences and requirements are completed and this is communicated to the appropriate staff. Interviews with staff confirm that residents’ special dietary needs are catered for and this includes special diets, pureed meals, thickened fluids and nutritional supplements. Review of documents confirms appropriate external health professionals are accessed when needed. Residents who are mobile are encouraged to attend the kitchenette to select their meal and desserts. Staff serve the residents’ choice as requested. Observations confirm the use of assistive devices to support independence during meal consumption. Interviews with residents/representatives demonstrate satisfaction with nutrition and hydration in the home.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems to manage skin care effectively. An assessment of skin integrity is completed on entry to the home and on an ongoing basis as required. The home has equipment to assist with the maintenance of skin integrity such as pressure relieving mattresses, cushions and other assistive devices. Review of documents shows access to relevant specialists for assessment and treatment of skin conditions. Interviews with staff confirm education on maintaining skin integrity. Observation of clinical stores confirms access to equipment for the maintenance of skin integrity. Interviews with residents/representatives demonstrate satisfaction with skin integrity care provided by the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to effectively manage residents’ continence needs. An assessment of continence requirements is undertaken on entry to the home. Following assessment an individual continence management program is documented and implemented. Review of documentation confirms there are programs tailored to the needs of residents. Interviews with staff confirm regular education and training on continence management. Observation of storage areas confirms the home has suitable levels of linen and continence aids. Interviews with residents/representatives demonstrate satisfaction with continence management in the home.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

IRT Crown Gardens has systems and processes to identify and effectively manage residents with challenging behaviours. Staff perform initial and ongoing assessments to identify residents’ behaviour management needs that includes triggers and strategies, to develop and implement care plans. Staff monitor and review the care plan regularly to assess its effectiveness and make changes if indicated. Documentation shows referrals to specialist medical, psychologist, mental health and allied health teams are made as necessary. Interviews with care staff and observations of staff interactions with residents confirm appropriate management of behaviours. Interviews with residents/representatives demonstrate satisfaction with how the home manages challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all care recipients”.

Team’s findings

The home meets this expected outcome

IRT Crown Gardens has systems to ensure residents receive assistance with mobility and dexterity. A mobility assessment is completed on entry to the home. The physiotherapist visits the home regularly and is assisted by a care staff to implement the customised mobility and exercise programs for residents. Residents were observed accessing all living areas of the home safely with appropriate mobility aids and assisted by staff when required. Interviews with residents/representatives demonstrate satisfaction with how the home manages 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 has systems to ensure residents oral and dental health is maintained. An assessment of residents’ oral and dental needs is completed on entry to the home. This includes making arrangements for access to dental treatments. Review of documents confirms the use of dental services for residents. The home provides a toothbrush replacement scheme to promote optimal oral health. The home provides texture modified meals and fluids consistent with residents’ assessed oral and dental needs. Interviews with residents/representatives demonstrate satisfaction with oral and dental care provided by the home.

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

IRT Crown Gardens has systems to ensure residents sensory losses are identified and managed effectively. An assessment of residents’ sensory loss is completed on entry to the home. The home has access to a number of visiting allied health professionals such as dietician, speech pathologists, audiologists, optometrists and others to assist with effective management of sensory loss. Review of documents confirms residents have access to allied health services when needed. Care staff assist in the maintenance of visual and auditory aids and recreational staff provide regular sensory stimulation activities to ensure sensory loss is reduced where possible. Interviews with residents/representatives demonstrate satisfaction with the way the home manages sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home ensures residents are able to achieve natural sleep patterns. An assessment of residents normal sleep routines is undertaken on entry to the home. From the assessment an individual sleep management plan, including the number of pillows, blankets, preferred settling time and other items are included. Interviews with staff confirm residents individual needs are assessed and met. Interviews with residents/representatives demonstrate satisfaction with provisions made 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

For details of the continuous improvement system, refer to expected outcome 1.1 Continuous improvement.

Examples of continuous improvement activities relevant to Accreditation Standard Three include:

- Following feedback from residents the home has purchased a spinning wheel. Instruction has been provided for the residents by an external expert. Residents now spin and use the wool in craft activities.
- Purchase of a bus (previously use of a bus had been shared with another facility in the area). Residents now have improved access to bus outings and are able to join in community activities. During the audit residents were observed leaving for a musical morning at a local club.
- Upgrade of garden areas with decking and landscaping has provided a pleasant area for residents’ use. Residents were noted enjoying this area and staff advise it has increased resident interaction and sense of well-being.

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 also in this report to expected outcome 1.2 Regulatory compliance for details about the home’s systems to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards and guidelines.

Examples of compliance with regulations relevant to Accreditation Standard Three include:

- Residents/representatives are provided with information on prudential arrangements and sign agreements on or before entry to the home.
- Residents’ handbook and agreement detail security of tenure arrangements and charter of residents’ rights and responsibilities, which is also displayed.
- There is a system to ensure compliance with legislation regarding the compulsory reporting of assaults.

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 also in this report to expected outcome 1.3 Education and staff development and expected outcome 1.6 Human resource management.

Examples of education relevant to Accreditation Standard Three include:

- Privacy and confidentiality
- Cultural awareness

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents and representatives are satisfied with the ways staff assist residents to adjust to life within the home and for their ongoing emotional support. There are systems to ensure each resident receives initial and ongoing emotional support through the entry and care review processes. These include the provision of a residents' handbook, assessment of cultural and spiritual needs, care planning, case conferences and evaluation of the care provided. Families and friends are encouraged to visit and are made to feel welcome in the home. Residents are encouraged to personalise their room to help create a homelike atmosphere. Staff provide residents with emotional support, including one-to-one interaction by the welfare officer, care and recreational activities staff. Interviews with residents/representatives demonstrate satisfaction with emotional support provided in the home.

3.5 Independence

This expected outcome requires that "residents 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 are assisted to maintain their independence. Residents' preferences and abilities in relation to a range of activities of daily living and lifestyle are identified and documented in care plans and are included in the activity program. The activities program is designed to promote independence and community participation as well as encouraging friendships between residents. Bus trips are regularly scheduled and residents are encouraged to participate in life outside the home. Residents were noted using mobility scooters to attend appointments and activities in the town. Staff also assist and encourage residents to participate in decision-making in relation to health care choices and their personal care. Interviews with residents/representatives demonstrate satisfaction with opportunities to maintain independence provided by the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Staff gain consent from residents for all interactions and procedures. Residents' consent is obtained to disclose certain information within the home and to other relevant authorities. Staff recognise and respect each resident's privacy, dignity and confidentiality as demonstrated in observation of daily work practice. Examples include addressing residents by their preferred names, knocking prior to entering resident's rooms and storing confidential residents' records securely. There are areas of the home where residents can be with their friends and relatives in private. Interviews confirmed residents/representatives are satisfied the residents' rights to privacy, dignity and confidentiality is recognised and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems to encourage and support residents to participate in a range of activities of interest to them. Lifestyle staff develop an individualised activities plan in keeping with residents' cognitive abilities and special needs to address their preferred lifestyle, cultural and spiritual preferences. The activities plan is regularly reviewed and residents' feedback is sought to address changing needs and preferences. The home's activities calendar is based on residents' interests. Popular activities include bus outings, bingo, music therapy, and gala event celebrations; and individual visits for residents who do not wish to participate in group sessions. Residents/representatives are satisfied that residents' participation is encouraged and supported and the activities offered by the home are of interest to the residents.

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 celebrates many culturally significant periods, for example, Anzac Day, Melbourne Cup and Christmas. Specific cultural and spiritual celebrations are celebrated that are relevant to individual residents. Review of lifestyle documentation and interviews with staff confirm individual beliefs are fostered. Multi denominational services are conducted regularly. Observations and interviews residents have access to resources to support the celebration of individual cultural values. Interviews with residents/representatives demonstrate satisfaction with how the home meets their cultural and spiritual needs.

3.9 Choice and decision-making

This expected outcome requires that "each residents (or his or her representative) participates in decisions about the services the residents 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

Residents are encouraged to participate in decisions about their care and the services provided by using processes such as case conferences, surveys, residents meetings and other feedback mechanisms. Information on residents' rights and responsibilities is included in the residents' handbook, residents and accommodation agreement and is displayed in the home. Observations confirm residents are provided with relevant choices in respect of meals, activities and other day to day matters. Interviews confirm a process is in place to have comments or complaints managed at the appropriate level. Residents/representatives are satisfied with the homes' approach to choice and decision making for residents in the home.

3.10 Residents security of tenure and responsibilities

This expected outcome requires that "residents 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 is able to demonstrate that residents have secure tenure within the home and understand their rights and responsibilities. A residential aged care service agreement and resident handbook is provided for all residents. The agreement outlines information on security of tenure, charter of residents' rights and responsibilities, fees/bonds, privacy matters and specified care and services. Noticeboards and brochures provide information for residents /representatives including on internal and external complaints mechanisms. Residents/ representatives interviewed state they are satisfied with the information that was provided pre entry and on entry to the home and on an ongoing basis.

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 also in this report to expected outcome 1.1 Continuous improvement. The home’s continuous improvement activities include systems to check the home provides a safe and comfortable environment consistent with residents’ care needs.

Examples of continuous improvement activities include:

- Purchase of recliner chairs for the sitting areas to provide increased comfort and safety for residents
- Upgrading and landscaping of garden areas (see also expected outcome 3.1)

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 also in this report to expected outcome 1.2 Regulatory compliance. There are systems to ensure compliance with regulations relevant to residents’ quality of life and provision of a safe environment.

Examples of regulatory compliance relevant to Accreditation Standard Four include:

- A system to ensure compliance with food safety requirements including a food safety program and NSW Food Authority license
- A system to ensure compliance with fire safety regulations and building safety codes
- A system to ensure compliance with infection control requirements and minimise the risk of infection for staff and residents.

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 also in this report to expected outcome 1.3 Education and staff development. The home demonstrates that staff have the knowledge and skills required for effective performance in relation to physical environment and safe systems.

Examples of education and training programs relevant to Accreditation Standard Four include:

- Infection control and hand hygiene
- Food safety training
- Fire safety training – evacuation and awareness
- Manual handling
- Work health and safety responsibilities.

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

IRT Crown Gardens provides accommodation for residents in single rooms with ensuite bathrooms. There are attractive dining and sitting areas and smaller areas for more private meetings. There is a hairdressing salon and the hairdresser attends weekly. Well maintained garden areas offer opportunity for walks within a secure environment and gardening activities. There are preventative and reactive maintenance programs in place. Residents/representatives interviewed are very happy with the living environment.

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

IRT Crown Gardens has systems and processes which enable it to demonstrate there is a safe working environment that meets regulatory requirements. Education provided at orientation and on an ongoing basis includes manual handling, fire safety awareness, infection control, and hazard and accident/incident reporting. Lifting devices, personal protective and other equipment is available for the protection of both staff and residents. Accident/incident and infection data, and results of audits and surveys are reviewed at meetings. Preventative and reactive maintenance programs are in place and workplace inspections and environmental audits are conducted regularly. Staff interviewed are aware of their responsibilities regarding work health and safety.

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

There are systems to ensure the provision of a safe environment that minimises fire, security and emergency risks. Fire safety and emergency response is covered at orientation and included in annual mandatory training. Fire detection and firefighting equipment is inspected regularly by a fire safety contractor. All visitors are required to sign in and out to ensure staff

are aware of who is in the building in the event of an emergency. There are procedures for security of the building after hours with automatic lockdown of all gates and external doors, an alarm system, and night patrols by an external security company. There is a disaster management plan, and emergency procedures manuals and flip charts located across the home. An evacuation pack is available in case of emergencies. Staff are able to describe the training provided and demonstrate a good knowledge of emergency procedures. Residents state they feel safe and secure 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

There is an effective infection control program at IRT Crown Gardens which is coordinated by a staff member and includes processes to manage, prevent, monitor and minimise the risk of infection to staff and residents. Infection data are collected, evaluated and reported at meetings. Infection control and hand washing competencies are included in staff orientation and on an ongoing basis. The team observed staff practices including the use of personal protective equipment, hand washing and colour coded equipment being used in the kitchen and during general cleaning. There is a regular pest control program. An outbreak management box is maintained, stocks of personal protective equipment are available and there is a resident and staff immunisation program. Staff interviewed demonstrate a good knowledge of the home's infection control practices and outbreak management procedures.

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

IRT Crown Gardens has policies and practices to enable them to demonstrate that hospitality services provided enhance residents' quality of life and staff working arrangements. Staff are multifunctional and are rostered to provide care and hospitality services. The home presents as clean, fresh and well cared for and residents/representatives interviewed expressed satisfaction with the hospitality services provided.

The home received an "A" rating in the NSW Food Authority audit conducted in June 2014. There are kitchens in each wing of the home providing meals for residents of that area. There is a process for identifying residents' individual requirements and preferences, such as specialised or modified diets and the need for dietary supplements, and this information and any changes is forwarded to the kitchens. The hospitality manager meets regularly with the residents to discuss the menu and suggestions and adjustments are forwarded to central catering for consideration and implementation. Catering practices and documentation were observed to be consistent with hazard analysis critical control point (HACCP) requirements.

All laundry services are provided on site. Laundries are small with commercial grade equipment and designated clean and dirty areas. Residents/representatives are satisfied with the standard of laundering of personal items.