



Australian Government

Australian Aged Care Quality Agency

Lansdowne Gardens

RACS ID 0891
11 Manns Avenue
Neutral Bay NSW 2089

Approved provider: Lansdowne Gardens Pty Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 24 December 2019.

We made our decision on 07 November 2016.

The audit was conducted on 04 October 2016 to 05 October 2016. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



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Audit Report

Lansdowne Gardens 0891

Approved provider: Lansdowne Gardens Pty Limited

Introduction

This is the report of a re-accreditation audit from 04 October 2016 to 05 October 2016 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 04 October 2016 to 05 October 2016.

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

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

Assessment team

Team leader:	Sean Mack
Team member/s:	Ruth Graham

Approved provider details

Approved provider:	Lansdowne Gardens Pty Limited
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Details of home

Name of home:	Lansdowne Gardens
RACS ID:	0891

Total number of allocated places:	66
Number of care recipients during audit:	64
Number of care recipients receiving high care during audit:	56
Special needs catered for:	Nil

Street/PO Box:	11 Manns Avenue
City/Town:	Neutral Bay
State:	NSW
Postcode:	2089
Phone number:	02 9953 0000
Facsimile:	02 9953 0111
E-mail address:	kmann@cranbrookcare.com.au

Audit trail

The assessment team spent 2 days on site and gathered information from the following:

Interviews

Category	Number
Director of care services	1
Residential services manager	1
Clinical care managers	2
Client service manager	1
Client relations manager/ leisure and lifestyle	1
Chief executive officer – Cranbrook Care	1
Property services manager	1
Care staff	3
Physiotherapists	2
Care recipients/representatives	10
Registered nurses	1
Activities staff	1
Pharmacists	2
Catering staff	2
Laundry staff	1
Contract cleaning representatives	2
Cleaning staff	3

Sampled documents

Category	Number
Care recipients' files including assessments, care plans, progress notes, medical notes and allied health referrals and specialist reports.	10
Summary/quick reference care plans	8
Medication charts	8
Personnel files	2

Other documents reviewed

The team also reviewed:

- Advance care directives and residential aged care end of life pathways
- Annual audit, meeting and planning calendar
- Care and registered nurses' handover sheets
- Care recipient information package, handbook, consent forms and agreements
- Care recipients' lifestyle documentation – care recipients' leisure and lifestyle assessments, care plans, activity calendars, and recreational daily activity record
- Cleaning and maintenance schedules
- Clinical care assessments – specialised nursing care, continence, dietary needs/preferences, nutrition and hydration, pain, communication, skin integrity, mobility and transfers, behaviours, sensory, sleep, oral and dental care
- Clinical care observations, monitoring and treatment charts including bowels, specialised care check charts, blood pressure, temperature, weight, pressure area care, wound charts, urinary catheter care, behaviours, pain, food and fluid records, manual handling instruction sheets, physiotherapy work sheets, and special care day forms
- Communication systems – registered nurses handover sheet, handover allocation sheets for staff and the computerised message system for staff
- Confidentiality agreements
- Continuous improvement plan
- Education calendar, training records, attendance records, competency assessments
- Equipment registers and lists
- External service providers service schedules, contracts and service agreements
- Feedback management system including comments, complaints and compliments
- Fire and emergency documentation including annual fire safety statement, evacuation plans, fire equipment audits and testing records
- Infection control documentation including quality report with infection incidents, vaccinations records, pest management service records
- Medication records – medication identification charts, medication charts, pathology reports, medication incident forms, medication refrigerator temperature records, insulin scale directives, medication reviews, schedule eight (S8) register, and nurse initiated medication charts

- Meeting minutes including quality committee, staff meetings, medical advisory committee and care recipients and representatives' meetings
- Memorandum
- Menu, menu cards including special diets, food preference lists, NSW Food Authority licence and annual audit report
- Newsletters and other publications
- Notices advising care recipients, representatives and visitors of the re-accreditation audit
- Police check register, staff registrations
- Policies and procedures
- Pre admission information package
- Recruitment policies and procedures, staff handbook, staff orientation program, job descriptions, duty statements, staff rosters, performance management documentation, privacy and confidentiality statements
- Reportable incidents register
- Restraint authorisation forms
- Self-assessment report for re-accreditation

Observations

The team observed the following:

- Activities in progress including concerts, participating in exercise classes and bus outings, daily activity program displayed
- Australian Aged Care Quality Agency re-accreditation audit notices displayed
- Brochures and posters – external complaints and advocacy services, various others
- Care recipient, contractor and visitor sign in/out books
- Cleaning trolley and cleaning in progress
- Dining environments during lunch and beverage services with staff assistance, morning and afternoon tea, staff serving/supervising, use of assistive devices for meals and care recipients being assisted with meals in their rooms
- Electronic and hardcopy record keeping systems – clinical and administration
- Equipment and supply storage areas
- Feedback forms

- Fire safety systems and equipment, emergency evacuation kit, evacuation diagrams, security systems
- Gym and physiotherapy – hydrotherapy pool
- Hairdressing salon
- Indoor and outdoor living environment with courtyards, balconies, with seating areas and private lounges, care recipients' rooms
- Infection control resources – outbreak resources, spills kits, contaminated waste bin, personal protective equipment, colour coded equipment, sharps containers, sanitising gel, hand washing facilities
- Information on noticeboards and whiteboards – staff, care recipients, visitors
- Interactions between staff, care recipients, relatives/representatives, visitors
- Lansdown newsletter
- Mobility and lifting equipment, manual handling and mobility aids in use and storage
- Nurse call system and response by staff
- Observation of medication administration and storage of medications including in fridges
- Palliative care basket
- Pressure relieving equipment
- Safety data sheets
- Secure storage of care recipients' files
- Short observation in Camelia unit at meal time
- Staff access to information systems including computers
- Staff work practices and work areas including utility rooms, care services, catering, cleaning, laundry and maintenance
- Supply storage areas
- Vision, mission and values statement on display

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

Lansdowne Gardens actively pursues continuous improvement through the implementation of an integrated quality system which assesses, monitors and evaluates all areas of service provision and care recipient satisfaction. The system is supported at the home's corporate level by Cranbrook Care which provides the strategic framework for continuous improvement. The system is monitored by the home's quality meeting. Various other meetings provide a mechanism for input and feedback by the range of stakeholders.

Examples of other quality activities include the comments, complaints and suggestions program, routine audits, surveys, external reviews, hazard and risk reporting, accident and incident reporting, data collection and other monitoring systems.

Examples of specific improvements relating to Standard 1 Management systems, staffing and organisational development include the following:

- Lansdowne Gardens has redesigned and implemented a comprehensive orientation program applicable to all staff disciplines. The program includes customer focus training and organisational expectations in regard to the quality and care of the internal environment. The home advises that the redeveloped program has resulted in enhanced service delivery across all aspects of the care recipients' community experience. There is also care recipient satisfaction with the improvement in staff confidence in engaging with both the care recipients and their families.
- Lansdowne Gardens has redeveloped its staff rosters to allocate staff to specific areas of the home. This system of permanent rosters has resulted in staff having an increased opportunity to get to know the care recipients in their areas better and more fully understanding their care and emotional needs. It has also given care recipients a greater sense of security and reduced anxiety, due to more familiarity with staff and the development of ongoing relationships.
- The home has implemented an annual leave schedule to better coordinate staff taking leave. The home's management advises that this initiative has helped to ensure more effective staff planning, smoother transitions and less disruption to care.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s management has systems in operation to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home monitors the regulatory environment through updates from government and industry bodies, industry conferences, internet access and various other mechanisms. Staff are advised of regulatory requirements and any relevant changes to them through various means including memos, updates to policies, meetings and education. Compliance with regulatory requirements and other standards is monitored through a comprehensive audit program as well as day-to-day supervisory arrangements. We sighted relevant legislation and/or legal documentation displayed in various locations in the home.

Examples of regulatory compliance related to Standard 1 Management systems, staffing and organisational development include:

- ensuring care recipients and other stakeholders have access to complaints mechanisms
- ensuring police certificate checks are undertaken for staff, volunteers and relevant contractors
- ensuring relevant staff meet visa and statutory declaration requirements
- monitoring external service providers for applicable registrations, licences, insurances and other necessary regulatory requirements.

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

It was evident from our observations, document review and interviews that management and staff have appropriate knowledge and skills to perform their roles effectively. The home has an education program which is based on educational needs identified through a wide range of mechanisms. These include feedback from various meetings, the staff appraisal process, and the quality improvement system. The education program is comprehensive and covers a range of functional areas encompassing all four Accreditation Standards, including Accreditation Standard 1 Management systems, staffing and organisational development.

The program is reinforced by competency assessments in relevant areas. Staff also have access to relevant external educational opportunities and where appropriate are supported to obtain formal qualifications.

Recent education sessions related to Standard 1 include:

- the admission process with the new care system
- the computerised care system and documentation (various aspects)
- leadership – working with staff
- new staff induction/orientation process
- teamwork – helping each other
- equipment use – new lifter.

In addition, the home’s orientation program incorporates a range of topics relating to management systems, staffing and organisational development.

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 policies, procedures and processes to ensure each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms. Care recipients/representatives and staff are made aware of internal and external complaints mechanisms through the care recipients’ handbook, the care recipients’ agreement, newsletters, complaints forms and care recipients/relatives’ meetings. There is a procedure to ensure any complaints raised are recorded for review; action, follow up and feedback as appropriate. Care recipients/representatives advised

they feel comfortable approaching management about any concerns or suggestions they may have.

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

Lansdowne Gardens has documented its vision, values, philosophy, objectives and commitment to quality. These elements are encapsulated in its vision, mission and values statement. This statement is communicated to all stakeholders in the home. It is published in key documentation including policies and procedures, and care recipient and staff handbooks. It is also on display in various locations in the home. In addition, staff are made aware of the home's vision, mission, values and commitment to quality through its staff recruitment, orientation and education processes, staff meetings and other communication.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has in operation a range of human resource policies and procedures. These ensure that there are appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with the Accreditation Standards and the home's philosophy and objectives. This system consists of position descriptions, duty statements, recruitment and selection processes, staff rosters, induction and orientation, training and staff development, competency assessments, and performance management. We noted that care and other staff have obtained qualifications and/or attended specific education relevant to their job roles. There are systems and processes to monitor and ensure that staffing levels operate according to the care recipient mix and care recipients' changing needs. Our observations, document review and interviews indicate the staffing roster is sufficient to ensure the desired quality of care in line with the demands and workflows of the daily routine of the home.

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

There are policies and procedures for ensuring there are adequate supplies of inventory and equipment available for quality service delivery. The home has an overall purchasing

system of preferred suppliers designed to ensure desired standards are met. A stock control and ordering system is in operation, with particular staff roles having specific responsibility for particular areas of inventory monitoring and ordering. The home also has clear procedures for purchasing necessary equipment for use in various functional areas and in response to care recipients' needs. We observed storerooms, staff areas, clinical areas, the kitchen, and other work areas to be well equipped, well stocked and well maintained. Staff advised there were adequate supplies of inventory and equipment for them to perform their job roles effectively. A routine and preventive maintenance program is in operation which, among other things, ensures equipment is maintained and ready for use.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Our observations, document review and interviews indicated effective information management systems are in operation and support the range of functional areas in the home. The home has an effective electronic care information system. The care recipient information system includes administration forms, care recipients' handbook, care recipient agreements, care recipients' meetings, newsletters, care recipient assessments, care plans and clinical records. Staff communication systems are in operation to ensure relevant information provision to, and between, staff. These systems include a range of meetings, access to computers, distribution of hardcopy materials, staff noticeboards and induction and training. We observed care recipient and staff records are kept in secured areas to help ensure appropriate security and confidentiality of information. It is clear care recipients and staff receive information appropriate to their needs.

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 has a contract management system to ensure externally sourced services are provided in a way that meets the home's needs and service quality goals. A range of contractors and external service providers operate within contracts and formalised agreements covering care recipient and care related services, fire systems and various building maintenance and services. Service agreements encompass the home's requirements/expectations for quality service provision, relevant insurances and police checks (where appropriate). The home's management and staff monitor the performance of external service providers and take appropriate action in order to ensure that services are provided at the desired level of quality. The home also relies on feedback from care recipients/representatives to assess the quality of service providers such as podiatry, physiotherapy, hairdressing and other similar care recipient-related services. It was reported there are good working relationships with the range of external service providers and services are being provided at desired levels.

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

The home's well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Accreditation Standard 2.

Examples of specific improvements relating to Standard 2 Health and personal care include the following:

- Lansdowne Gardens has implemented a system of team leaders with Certificate IV qualifications to assist with appropriate medication management and coordination of care for care recipients, under the supervision of registered nurses. The home's management advises that the new roles are contributing to improved compliance with expected standards in medication management.
- In order to enhance mobility and dexterity for care recipients, Lansdowne Gardens has sourced, purchased and installed specifically designed gym equipment for aged care settings. Under the guidance of a physiotherapist, care recipients are using the equipment for muscle strengthening and improved balance. Each care recipient using the equipment has their own specially designed program.
- Following recent reviews of care recipient mobility requirements, including incident reports, the home identified the need for timely access to an additional hoist lifter. The home reports that with better access to appropriate equipment staff are able to deliver a higher standard of care with minimised delays for transfers which, in turn, impacts on care recipient continence needs and potential pressure injuries.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards including Accreditation Standard 2 Health and personal care.

Examples of regulatory requirements in relation to Accreditation Standard 2 include:

- having appropriate arrangements in operation to ensure the correct management and administration of medications
- monitoring relevant registrations of nursing and allied health professionals
- having policies and procedures in operation to ensure the Department of Health is notified if care recipients are reported missing without explanation.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Accreditation Standard 2.

Examples of recent education sessions related to Standard 2 include:

- medication management
- palliative care
- continence management
- managing sleep disorders
- wound care/management
- falls prevention
- osteoarthritis
- nutrition and hydration
- skin integrity/preventing pressure ulcers
- pain management.

The education program is reinforced by competency assessments in related areas. In addition, care staff have or are obtaining relevant certificate level qualifications.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive appropriate clinical care. A summary care plan is developed when a care recipient moves into the home to guide staff during the initial period. A comprehensive assessment process follows to determine care recipients’ physical and social needs. Information collected from this process together with information gained from the care recipients and/or representatives and other health providers is used to generate individualised care plans. Care plans are reviewed by the registered nurses regularly. The provision of care at the home is monitored via audits, surveys, monitoring of incidents, the comments and complaints mechanisms and observation of staff practices. Consultants are accessed to support staff and provide

advice regarding specific care issues. Care staff have a sound understanding of the care recipients' individual needs. Care recipients/ representatives expressed satisfaction with the clinical care that the care recipients receive.

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 directed and supervised by the clinical care manager and registered nurses in consultation with medical officers and other relevant health specialists. Management strategies and treatment regimes are in place to address care recipients' specialised nursing care needs. Specialised nursing needs include diabetes and pain management, catheter care, and oxygen therapy. Registered nurses are trained to deliver specialised care and are provided with ongoing education as required. The home has sufficient clinical equipment to support specialised nursing on site. Care recipients/ representatives are satisfied with the specialised nursing care provided.

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

Care recipients are referred to appropriate health specialists according to their needs and preferences. Care recipients requiring referral to other health services are identified through assessments which are completed during entry processes and monitored ongoing. Wherever possible, the services of other health professionals such as a physiotherapist, dietician, speech pathologist, mental health specialists, dentists or dental technicians are arranged for consultation on site or accessed from the community. Recommendations from health specialists and services are incorporated into the care recipients' care plans. Staff organise appointments and escort for residents as required. Care recipients/representatives are satisfied with the referrals made to other health and related services and the care provided to support care recipients' needs.

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' medications are managed safely and correctly. The home uses a system of blister packed medications. Liaison with the supplying pharmacy ensures medications, including new or changed medications, are supplied in a timely manner. Medications are appropriately stored in locked rooms and trolleys. Medication is checked prior to administration and is overseen by the registered

nurses. Some care staff who have completed medication administration training and competency assessments also administer some medications. The home uses internal audits, medication reviews and incident reporting to monitor the various aspects of the medication system. Observation showed staff administering medications according to the correct procedures. Care recipients/ representatives interviewed said care recipients receive medication correctly 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

The home has systems to ensure care recipients are as free as possible from pain. Care recipients are assessed for pain during the entry process and on an ongoing basis.

Assessment tools are used for care recipients who are unable to verbalise their pain. Information gathered from assessments is used to develop a pain management plan that is regularly reviewed. Strategies used in the management of care recipients’ pain include a range of prescribed medications and physical therapies such as massages, repositioning, application of heat packs and gentle exercise. The effectiveness of pain management is monitored by registered nurses and the physiotherapist. Care staff described their role in pain management, including ongoing identification and reporting of care recipients’ pain or discomfort. Care recipients/representatives said they are satisfied with the care recipients’ pain management.

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 to ensure the comfort and dignity of terminally ill care recipients is maintained and there is support for their families. Consultation is undertaken with the care recipients and/or representative regarding care recipients’ end of life needs and preferences. Staff have knowledge and understanding of the special needs of care recipients receiving end of life care. The clinical care manager monitors and reviews palliative care recipients to ensure care recipients’ pain is managed and their comfort and dignity are maintained. The home has access to consultants and the palliative care team if required. Members of the clergy are contacted for spiritual care and additional emotional support to the care recipient or their representatives as needed. Lifestyle staff are also involved in providing emotional support for the care recipient and their representatives. The clinical care manager stated a representative who had a family member receiving palliative care at the home said they were satisfied with the care and support received.

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

There are systems to ensure care recipients receive adequate nourishment and hydration. Assessment of care recipients’ nutritional needs, weight and ongoing observation of intake are maintained. Care plans and meals monitoring charts provide staff with details of care recipients’ preferred or required meals and drinks. Texture modified foods and fluids and supplements are served in accordance with the assessed needs of the care recipient. Care recipients identified as having changes in swallowing, intake or weight are monitored closely and referred to relevant health professionals as needed. Staff assist care recipients with meals as needed and there are sufficient supplies of modified cutlery and equipment for care recipients to use as required. Care recipients/representatives are satisfied with the home’s management of care recipients’ nutritional requirements and are satisfied with the provided meals.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure care recipients’ skin integrity is consistent with their general health. The condition of a care recipient’s skin is assessed on entry to the home including potential for impairment. Individual care plans are developed and contain strategies to meet identified needs including consideration of each care recipients’ hygiene, continence, mobility and nutrition and hydration needs. The home has a range of pressure relieving devices and products to assist in maintaining and promoting skin integrity. Accidents and incidents including wounds, infections and skin tears are monitored and the home acts appropriately on trends identified. Wound care is provided by the registered nurses and access to a wound consultant is also available. Care staff described the process of identifying changes in skin integrity and procedures for maintaining good skin integrity. Care recipients/representatives are satisfied with the care recipients skin treatment provided.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ continence needs are managed effectively. Continence management strategies are developed for each care recipient following an initial assessment of urinary and bowel patterns. Strategies include scheduled toileting or assistance with toileting, continence aids, appropriate fluids and sufficient dietary fibre and juices are provided. Care recipients’ bowel patterns are

monitored daily and prompt action is taken to address irregularities. The home has access to a consultant supplying incontinence aids as needed. Urinary tract infections are recorded monthly and where indicated preventive strategies are implemented. Staff confirmed there are always sufficient supplies of continence aids to meet care recipients' needs. Care recipients/representatives stated they are satisfied with the continence care provided to the care recipients.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The home has processes to effectively manage the needs of care recipients with challenging behaviours. Care recipients' behaviour management needs are assessed on entry to the home and on an ongoing basis. The assessments include information obtained from care recipient's representatives and previous specialist's reports. Clinical records and observations using behaviour charts aim to identify the triggers for the behaviours. Referrals to the psychogeriatric team are made in consultation with the care recipient's medical officers and their representatives when necessary. The care recipients requiring restraints are referred to the general practitioner for review and consultation with their representatives. We observed staff to manage care recipients in a friendly and caring manner. Care recipients/ representatives interviewed expressed satisfaction with the home's management of care recipients who have challenging behaviours. Staff interviewed explained how they managed care recipients with behaviours as per the care recipient's care plans.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all carerecipients".

Team's findings

The home meets this expected outcome

The home's mobility program is tailored to individual care recipient's needs and preferences. Assessment information is used to formulate individualised care plans with strategies to achieve optimal levels of mobility and dexterity. All new care recipients are assessed by a physiotherapist and a care plan is developed which is regularly reviewed. The physiotherapist is employed by the home four days a week. Physiotherapist liaises with staff, care recipients and relatives to organise appropriate mobility aids and specialised equipment. Activities staff conduct gentle exercise classes and passive exercises are undertaken by care staff and care recipients are assisted to walk to maintain their mobility. A gym and a physio- hydrotherapy pool is available to assist with care recipients' mobility. Falls risk assessments are undertaken and action plans created as required. Care recipients have beds that can be fully lowered, sensor mats and movement sensors in their rooms to reduce the risk of falls.

An incident reporting system includes analysis and trending of falls and assists in implementing strategies to reduce falls. Care recipients/representatives said they are satisfied with assistance given to care recipients with their mobility.

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 care recipients’ oral and dental health needs are maintained. This includes an assessment and the formulation of a care plan with strategies to meet dental care needs. Care recipients are encouraged and assisted as required to clean their own teeth at preferred times. Care recipients can access dentists of their choice in the community or see the visiting dental services at the home. Staff interviewed have a good understanding of care recipients’ dental care needs. Care recipients said they are supported by staff to maintain their dental care independently or are assisted by care staff as required.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home has processes to identify and effectively manage care recipients’ sensory losses. Assessment is undertaken when the care recipients move into the home and an individualised care plan is developed and regularly reviewed. Staff members assist care recipients to manage aids and equipment such as hearing aids and glasses. The home supports the care recipients with sensory impairment through the use of large print books, white boards and activities equipment, digital discs, and music players. Activities are planned to stimulate the five senses and are designed to ensure participation of care recipients with identified sensory loss. A safe, uncluttered environment is provided for all care recipients with good lighting and hand rails on walls. Staff were observed to be aware of care recipients who have impaired senses. Care recipients/representatives confirmed they are satisfied with the home’s approach to assisting them with their sensory losses.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home ensures care recipients are able to achieve natural sleep patterns. Initial and ongoing assessments include identification of night care requirements and preferences, and sleep patterns during the day. A care plan is developed and evaluated regularly. Sleep disturbances are documented and reported and the cause of the disturbance identified.

Strategies to promote sleep include a quiet environment, offering of a warm drink or refreshments, change of position, pain management, appropriate continence

management and night sedation if prescribed. Care recipients confirmed they are able to get a good night's sleep because they have their own rooms and the home is usually quiet at night.

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

The home’s well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Accreditation Standard 3. Of particular relevance to this Standard, the home gains feedback and suggestions for improvement from regular meetings of care recipients and care recipients’ representatives.

Examples of specific improvements relating to Standard 3 Care recipient lifestyle include the following:

- Lansdowne Gardens has recently commenced quarterly meetings for care recipients and relatives. Through use of a formalised structure, the aim is to seek suggestions and involve relatives in meaningful discussions about such items as events, activities, the meal service and various updates. The home’s management advises that there has been initial positive feedback regarding this initiative.
- Specially aimed at the Camellia wing (Lansdowne Gardens’ dementia unit), the home has conducted a comprehensive review of care recipients’ past interests and careers in order to establish a person centred activity program. Part of this initiative has been the completion of ‘personalised activity boxes’ for each care recipient, with the intention their specific items will create enjoyment and improve their quality of life. The home’s management advises that there has been initial positive feedback from relatives and staff regarding these improvements to the activity program.
- In order to encourage care recipients to use its hydrotherapy pool and access its aqua aerobic exercise program, Lansdowne Gardens has sourced, procured and made available specifically designed incontinence swim pants for both men and women. By protecting privacy and dignity in this way, there is the increased opportunity for care recipients with existing continence issues to utilise and enjoy the benefits of hydrotherapy.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards including Accreditation Standard 3 Care recipient lifestyle.

Examples in relation to regulatory requirements for Standard 3 include:

- having various arrangements in operation to meet obligations regarding staff and care recipients’ confidentiality and privacy provisions
- ensuring care recipients’ security of tenure and informing care recipients of their rights and responsibilities
- having mechanisms to ensure the appropriate reporting and recording of suspected or alleged incidents 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

The home’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Accreditation Standard 3 Care recipient lifestyle.

Recent education sessions related to Standard 3 include:

- dealing with difficult people
- customer service
- dignity in care
- elder abuse and mandatory reporting processes.

Moreover, various care recipient lifestyle issues such as privacy and dignity are covered indirectly in the staff education program in the treatment of issues relating to care recipients’ health and personal care.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Staff at the home assist new care recipients and their representatives in adjusting to life in the home. Care recipients and representatives are introduced to other care recipients and staff and are oriented to their physical environment. The client relations manager and the management team ensures they understand the care and services provided. Interviews, assessments and a social profile identify any specific needs relating to emotional support for individual care recipients. Staff provide continuing support to care recipients by facilitating their participation in activities and events while also respecting their independence. Care recipients are encouraged to bring their furniture and personal items such as photographs and sentimental items into the home. Representatives and visitors are encouraged to visit and made welcome. Care recipients/representatives are satisfied with the support provided by the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has processes which encourage care recipients' independence and participation in community life. Care recipients level of independence and their need for assistance are assessed on entry to the home and reviewed as needed. Care recipients are encouraged to achieve optimal independence in activities of daily living, health choices and lifestyle. The home provides an environment in which representatives, family, and community groups are encouraged and welcomed. The home promotes care recipients' links with the external community by facilitating care recipients with bus trips, visits to local clubs and inviting school groups and community groups to visit the home regularly. Care recipients/representatives said they are satisfied with the way in which the home encourages care recipients to maintain their independence and their involvement with life both in the home and the community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care recipients' rights to privacy, dignity and confidentiality are recognised and respected by staff at the home. On entry to the home care recipients are provided with information on privacy and confidentiality which is also included in the care recipients' handbook.

Consent forms relating to the disclosure of health and other personal information are also provided.

Staff are required to sign a confidentiality agreement at the time of their appointment and staff practices promote the privacy and dignity of care recipients. Staff address care recipients in a courteous and polite manner, only enter care recipients' rooms with permission and ensure the privacy of care for recipients who require assistance with personal care. Care recipients' notes are stored securely. Care recipients/representatives reported staff treat care recipients well and respect their privacy, dignity and confidentiality.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The care recipients are encouraged and supported to participate in a wide range of interests and activities both within the home and the wider community. Care recipients' specific needs, preferences, leisure interests and activities are assessed on entry to the home. A leisure and lifestyle care plan is formulated and is regularly reviewed. Leisure and lifestyle staff develop the activities program using knowledge of care recipients' preferences from the social histories, care recipients' feedback, general discussions, and analysis of attendance records. The activities program which respects care recipients' cultural and spiritual needs covers a wide variety of group, one-on-one and community activities. Activities include exercise sessions, concerts, bus outings, games, movies, church services and special events. The program is evaluated monthly to ensure the program continues to meet care recipients' needs and preferences. Care recipients/representatives expressed satisfaction with the type and range of recreational activities provided to care recipients.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems to promote care recipients' individual interests, customs, beliefs and cultural needs. Care recipients' language and specific religious and cultural practices are identified on entry to the home and care plans are created to meet these needs. The home has provisions for care recipients who do not speak English to help staff to communicate with them. All religious and other significant dates are celebrated including standard Easter and Christmas, Anzac Day, Mother's and Father's Day. Church services for a variety of denominations are held in the home and clergy are also available to visit care recipients.

Care recipients' birthdays are acknowledged and celebrated monthly and memorial services are held to remember care recipients who have passed away. Care recipients/representatives are satisfied with the support provided for care recipients' cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has processes to acquire and record care recipients' preferences in relation to their care, activities, and lifestyle. Care recipients and their representatives are consulted regarding care recipients' needs and preferences on entry to the home and on an ongoing basis. Mechanisms to support this include activities meetings, family conference meetings, feedback forms and through direct feedback to staff and management. Care recipients are provided with choices concerning their personal care regimes, waking and sleeping times, and choice of medical officer. Choices are also available regarding meals, personalisation of rooms and participation in activities. Care recipients/representatives are satisfied with their involvement in the decision making process.

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

Lansdowne Gardens has processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. On entry care recipients/representatives receive a residential agreement and handbook. The residential agreement sets out the standard requirements under the *Aged Care Act 1997* including security of tenure. The Charter of care recipients' rights and responsibilities is displayed in the home, as well as being in the care recipients' information pack. The director of care services discusses the information in the agreement and handbook with each care recipient/representative. Care recipients/representatives indicated awareness of care recipients' rights and responsibilities and security of tenure at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home’s well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Accreditation Standard 4 Physical environment and safe systems.

Examples of specific improvements relating to Standard 4 include the following:

- While reviewing staff work routines, the home identified that care staff did not have ready access to clean linen trolleys. Consequently, the home sourced and purchased appropriate linen trolleys to enhance good infection control practice.
- The home identified that care staff, while completing their personal care rounds, did not have close access to appropriate bins for used incontinence pads. To address this identified need, the home sourced and purchased specific incontinence bins with lids that are attached to the dirty linen trolleys. The improved result is that staff now have full access to appropriate equipment in order to complete personal care requirements within infection control guidelines. In addition, the risk of care recipients being exposed to unpleasant odours is reduced.
- Lansdowne Gardens has purchased and implemented an online food ordering system, which allows care recipients and family members to individually select the day’s menu choices. This system enhances care recipient meal choices, dietary provision and independence. Moreover, Lansdowne Gardens’ management advises that this system was associated with its food service winning a prestigious catering industry award in 2016.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards, including Accreditation Standard 4 Physical environment and safe systems.

Examples of regulatory requirements in relation to Standard 4 include:

- displaying relevant regulatory information concerning work health and safety (WHS) legislation
- the installation of fire safety systems including sprinklers, displaying the annual fire safety statement in accordance with legislative requirements, and staff undertaking mandatory fire safety training
- various arrangements to ensure the home meets food safety requirements such as those encompassed in the NSW Food Authority’s vulnerable person’s food safety scheme and its licensing and audit requirements.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home's comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Accreditation Standard 4 Physical environment and safe systems.

Recent education sessions related to Standard 4 include:

- fire safety and evacuation
- manual handling
- infection control
- work health and safety (WHS)
- food safety
- safe food handling for care staff
- chemical handling.

In addition, staff have attended external training courses related to their specialist roles.

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

Lansdowne Gardens' management has implemented ongoing mechanisms that demonstrate they are continuing to improve the safety and comfort of care recipients in their living environment. These mechanisms include regular environmental safety inspections, cleaning, maintenance and other safety related checks, and incident and accident reporting. There are also care recipient feedback mechanisms, such as care recipients and relatives meetings and direct discussions with management, in relation to the comfort and safety of the living environment. Care recipients/representatives stated the home is safe and comfortable. This view was also supported by various safety monitoring and reporting data we reviewed.

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 effective mechanisms in operation to ensure management is actively working to provide a safe working environment that meets regulatory requirements. The home's safety system is overseen by its work, health and safety committee. The safety system includes regular staff training (including manual handling), regular safety related audits and inspections, manual handling equipment, personal protective equipment, hazard/risk reporting, accident and incident reporting and risk assessments. A preventative and routine maintenance program is in operation for the facility, which helps ensure the overall safety of the environment and equipment. There have been minimal incidents relating to staff safety, thereby indicating the effectiveness of the home's approach to 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

The home's management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are documented emergency procedures. Fire safety systems in the home include fire detection and alarm systems, firefighting equipment, sprinklers, exit signs and evacuation plans at every exit. The home has formal, external contractual arrangements for the monitoring and maintenance of all fire alarms, the sprinkler system, safety equipment and other systems on the site. In addition, we sighted the annual fire safety statement located at the home's fire panel. Staff training records confirm staff participate in regular mandatory fire safety training. Staff interviewed are aware of fire safety and emergency procedures. We observed the home provides a secure environment including secured doors, lock up procedures and appropriate overnight staffing arrangements.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program including infection control policies, practices and guidelines. The program includes the use of standard precautions, food safety procedures, cleaning systems, management of contaminated waste, pest management and appropriate linen handling. The program also includes outbreak management, spill kits, and regular and appropriate use of personal protective equipment. Staff and care recipients have access to immunisation. Education on infection control

procedures has been conducted and staff interviewed indicate they are aware of their relevant responsibilities. Clinical indicator data is used to monitor infections rates on a monthly basis. It was noted by the home's management that infection rates are at minimal levels and well within normal limits for an aged care facility.

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

Lansdowne Gardens has implemented policies, procedures and appropriate arrangements to ensure hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. The hospitality services are subject to regular monitoring and audits to ensure they are operating at desired levels. The catering system ensures care recipients' preferences are taken into account in the food planning process and appropriate choices and alternatives are offered. Care recipients/representatives have input into menus through surveys, care recipient meetings, feedback directly to staff and other communication. Cleaning in the home is undertaken by a contract cleaning service. We noted the cleaning system is well organised and effective, with common areas and each care recipient's room being cleaned regularly. Laundry services are provided effectively, with care recipients' personal items being washed and returned to their owner within a reasonable turnaround time. Interviews indicate care recipients/representatives are satisfied with the way in which the home provides catering, cleaning and laundry services.