



Aged Care  
Standards and Accreditation Agency Ltd

## **Frank M Jeffree Hostel**

RACS ID 0440

Christopher Crescent  
LAKE HAVEN NSW 2263

**Approved provider: Royal Freemasons Benevolent Institution of  
NSW Nominees Ltd**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 5 October 2015.

We made our decision on 21 August 2012.

The audit was conducted on 17 July 2012 to 18 July 2012. 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	Accreditation 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	Accreditation 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		Accreditation 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		Accreditation 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



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Frank M Jeffree Hostel 0440**

**Approved provider: Royal Freemasons Benevolent Institution of NSW  
Nominees Ltd**

## Introduction

This is the report of a re-accreditation audit from 17 July 2012 to 18 July 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 Accreditation 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 Accreditation Agency conducted the re-accreditation audit from 17 July 2012 to 18 July 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. 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 1997.

## Assessment team

Team leader:	Sue Kelly
Team member/s:	Daniel Mitroussidis

## Approved provider details

Approved provider:	Royal Freemasons Benevolent Institution of NSW Nominees Ltd
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## Details of home

Name of home:	Frank M Jeffree Hostel
RACS ID:	0440

Total number of allocated places:	65
Number of residents during audit:	58
Number of high care residents during audit:	47
Special needs catered for:	22 residents in a secure dementia unit

Street/PO Box:	Christopher Crescent	State:	NSW
City/Town:	LAKE HAVEN	Postcode:	2263
Phone number:	02 4393 7666	Facsimile:	02 4393 1982
E-mail address:	Iriboldi@royfree.org.au		

## Audit trail

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

### Interviews

	Number		Number
Care manager	1	Residents/representatives	12
Registered nurses	1	Catering manager	1
Care staff	7	Laundry staff	1
Regional general manager	1	Cleaning staff	1
General manager	1	Maintenance staff	3
Learning and development manager	1	Occupational therapists	2
Continuous quality improvement manager	1	Self care manager	1
Team leader	2	Lifestyle staff	3

### Sampled documents

	Number		Number
Residents' files	10	Medication charts	12
Summary/quick reference care plans	10	Personnel files	5

### Other documents reviewed

The team also reviewed:

- Annual fire safety statements, fire inspection, servicing and maintenance documentation, fire education attendance records, fire drill report forms, emergency management procedure manual, residents' evacuation lists
- Audit folders and schedules
- Cleaning schedules
- Clinical care assessment, care planning documentation, progress notes, medical notes. medical specialists reports, allied health reports, pathology results
- Clinical monitoring charts including weights, temperature, pulse, blood pressure, blood glucose levels, pain, wound, fluid/food intake/output, and bowel charts
- Comments and complaints information and registers
- Continuous improvement documents including improvement logs, meeting minutes, audits and results
- Contracts with external service providers
- Education schedule, competency assessments and training attendance records
- Elder abuse registers (reported and non-reported)
- Employee handbook
- Equipment inventory

- Incident reports
- Leisure and lifestyle assessment and care plans
- Letter notifying residents and representatives of re-accreditation audit
- Maintenance request and task sheets and preventative maintenance folder
- Mandatory reporting register
- Medication management documents including medication policy and procedure, medication fridge temperature monitoring charts, medication audits
- Meeting agenda and minutes for management, staff and residents
- Memo folder
- Mission and values, philosophy of care
- Newsletters
- NSW Food Authority Licence, food safety plan, food temperatures from delivery to consumption, food storage and dishwasher temperatures, menu, residents' menu choices and dietary requirements forms, dietary changes request forms, residents' preferences lists, beverage and thickened fluid lists
- Orientation checklists
- Plan for continuous improvement
- Police checklists
- Policy and procedures
- Preventative and corrective maintenance schedule and records, hazard logs, testing and tagging records, mixing valve temperature records, hazardous substance register
- Recreational activity forms, weekly attendance sheets and evaluation forms
- Referrals to psychogeriatrician, medical imaging, speech pathology, dietician, physiotherapist, podiatry
- Registered nurse and medical officer registration certification, staff and medical officers' signature registers
- Resident admission package, resident handbook and admission pack
- Resident bed list
- Residential care services agreements
- Roster sheets
- Self assessment report for re-accreditation and associated documentation
- Staff appraisals

### **Observations**

The team observed the following:

- Activities in progress
- Aged care advocacy information brochures
- Aged Care Standards and Accreditation Agency re-accreditation audit notices on display
- Archive room
- Charter of rights and responsibilities

- Chemical storage
- Clinical supplies and trolleys
- Complaints brochures, complaint/comment/compliment reporting sheets and envelopes in foyer
- Continence and medical supplies, mobility equipment
- Document storage and records management
- Electronic and hardcopy record keeping systems – clinical and administration
- Emergency exits and fire safety equipment and fire panel
- Equipment in use, supplies and storage areas
- Fire detection and fire fighting equipment, evacuation plans, emergency procedures flipcharts
- Interactions between clinical/care staff and medical and other health and related services personnel
- Interactions between staff, residents and relatives and visitors
- Laundry services in operation
- Linen supplies
- Living environment
- Material safety data sheets
- Meal service (lunch) and staff assisting residents
- Medication rounds and safely stored medications
- Menu on display
- Notice boards
- Personal protective equipment and colour coded equipment in use
- Sharps and contaminated waste disposal containers, spills kits
- Staff handovers



## 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 residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home actively works towards improving the care and service it provides to residents and to the working environment of staff. There continues to be a review of systems and processes in this regard. The quality system consists of internal and external audits, resident and staff feedback, resident and staff meetings, improvement logs, complaints and suggestions forms, as well as resident and staff incident reporting. Quality initiatives that require further planning are noted on the quality improvement plan. Continuous improvement matters are discussed at staff meetings and suggestions are followed up and implemented. Feedback about the outcome of improvement activities is discussed in management, resident and staff meeting minutes. Staff are aware of improvement activities, and are able to describe the benefits for residents and staff.

Recent improvements in Accreditation Standard One include:

- Increasing the registered nurse coverage from two days a fortnight to three days a fortnight. This is in response to the increased clinical assessment needs of residents and the increase number of residents with high-care needs. There is greater access to skilled and qualified staff as a result. Staff reported satisfaction with the increased registered nurse coverage.
- Implementing a computerised care plan. This system will manage and record the residents' assessments, care plans, care delivery and evaluations. Staff report that its implementation had reduced time spent on handwritten notes and given them more time to attend to residents care needs. Managers believe that when fully implemented it will assist them to oversee and closely monitor the care provided to residents.
- Introducing a new newsletter for residents and representatives. The newsletter documents recent happenings and developments at the home. Activities and photographs show recent events and activities and there are news items and trivia for readers to enjoy. Residents and staff enjoy the newsletter.

## **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 subscribes to a legislative update service and receives newsletters and information from aged care industry associations and relevant government departments. Changes to legislation are communicated to staff via memoranda, at staff meetings and on a corporate level. Management review any impact these changes may have on work practices. The home uses its internal and external auditing processes to monitor staff compliance with legislation, regulatory requirements, professional standards and guidelines. When relevant, education sessions are arranged. Policies and procedures are reviewed and updated with review dates. Systems are in place to ensure and record that staff, volunteers and contractors’ criminal record checks have been carried out and there are alert systems in place to ensure police certificates are current.

Examples of regulatory compliance specific to Standard One include:

- All staff and volunteers undergo regular criminal history checks in accordance with Australian Government legislation. A system is in place to ensure that checks are up to date.
- The home monitors external contractors to ensure that they meet their responsibilities under the relevant legislation and regulatory requirements; when relevant this includes criminal record checks and professional registrations.
- The home provides information to residents/representatives and staff about internal and external complaints mechanisms.

## **1.3 Education and staff development**

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

### **Team’s findings**

The home meets this expected outcome

The home has appropriate systems to ensure that management and staff have the knowledge and skills to perform their roles effectively. The results of observations, interviews, and document review show that staff knowledge and skills is supported by an orientation and education program. The orientation program provides information for new staff on the home’s policies and procedures. There are planned and impromptu education sessions provided for all staff disciplines on a range of issues. These education sessions are relevant to the staff’s area of work in the home and within the requirements of the four Accreditation Standards. Records of attendance are maintained and sessions evaluated. Effectiveness of education provided is monitored through competency skills testing and formal staff performance appraisals.

Examples of education provided under Standard One include:

- Senior managers conference
- Electronic care planning system
- Aged care funding instrument

- Elder abuse

#### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

Residents, representatives and other interested parties have access to internal and external complaint mechanisms, which is receptive to their needs. The home provides information on the internal and external complaint mechanisms through internal documents such as the resident handbook, and makes available public documents such as pamphlets and posters. The home has established procedures to investigate and respond to complaints when they are received and to ensure confidentiality is preserved. Management use a register to log complaints and all records are stored confidentially. Residents and representatives are satisfied with the access to complaint mechanisms and with the response when a complaint is made.

#### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The organisation has vision, mission, and values statements that are documented and displayed throughout the site. The commitment to quality is reflected in these statements. The commitment to quality has also been documented in policy and procedure documents pertaining to quality management.

#### **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 processes in place to ensure that there are appropriately skilled and sufficient staff employed to meet the care needs of residents. Position descriptions for staff in all areas of work clearly define the qualifications, roles and responsibilities required to undertake their role. There is a process in place for the recruitment, selection and orientation of new staff. Appraisal of staff performance is undertaken annually following a probationary period. Staffing levels are monitored, with strategies in place to increase or decrease staffing as appropriate. The education program provides staff with the opportunity to increase their knowledge and skills relevant to their area of work. Staff confirm support provided by management and residents are generally satisfied with the care, attention they receive.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home monitors equipment, goods and stocks regularly to support and maintain good quality service delivery with certain staff being responsible for specific supplies. This is further supported through a centralised process for purchasing, inventory control, assets management and maintenance. Residents and staff confirm and the team noted there are adequate stocks of supplies and equipment. Preventative maintenance is conducted according to periodical schedules and daily maintenance requests are prioritised by the maintenance officer, attended to and signed off as soon as possible. An out of hours system operates.

### **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 processes to ensure that key information is available to management, staff, residents and relatives. There is assessment and planning of care needs, lifestyle activities; quality improvement processes performance monitoring, education and competency assessments, staff and resident communication, the safety system, complaint mechanisms and administration. Reporting processes are used to inform the management and staff of issues in relation to continuous improvement, regulatory compliance and other relevant aspects of service. Information in either hardcopy or electronic form is stored in ways that provide access to authorised personnel and ensures security. Staff are satisfied that they are provided with all information required and that they were consulted in relation to issues which affect them and their work practices.

### **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 organisation negotiates all contracts and agreements with external suppliers. The quality of services supplied by external contractors is monitored via feedback from staff and residents, usually through informal discussions or during staff meetings. Terms and conditions and expectations about quality service are detailed in service agreements when applied. Review of the agreements is either formally or informally and is conducted once agreements have expired. Management and staff reported that products and services from external suppliers meet their needs and those of the home.

## **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.

### **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 home's systems for actively pursuing continuous improvement, please refer to expected outcome 1.1 Continuous Improvement.

Recent improvements in Accreditation Standard Two include:

- Contracting occupational therapy services one day per fortnight. This service assists with the initial and ongoing assessment. These services include mobility reviews, health status reviews, assisting with palliative care and dealing with pressure areas and reviewing new equipment and mobility aides. Resident, family and staff feedback is positive.
- Introducing melamine spoons to assist residents during meal times. The material, shape and size of these spoons and the longer handle are more gentle on residents' lips and gums than the standard metal spoons. Staff reported increased satisfaction with assisting certain residents during meal times.
- Introducing a person centred care approach on care documentation. Clinical staff who write and evaluate care plans have undertaken training in this regard and all care plans are being reviewed accordingly. Staff reported a more personal and individualised approach to documenting care plans.

### **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 system to identify and ensure compliance with all relevant legislation and regulatory requirements is described in expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance related to Standard Two include:

- The home routinely monitors professional registrations of registered nurses, allied health professionals and visiting medical officers.
- The home meets the requirements in relation to the Quality of Care Principles 1997 for the provision of care and specified services for high care residents. Residents are advised of scheduled services on admission.

### **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

For details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Examples of education provided under Standard Two include:

- Palliative care
- Care planning
- Dental health
- Preventing pressure ulcers

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure residents receive clinical care based on their assessed needs. Residents’ care needs are identified on entry to the home through a series of clinical and lifestyle assessments. Individualised care plans are developed and documentation reviewed confirmed ongoing three monthly reviews by the registered nurses are generally in place. Any changes in care requirements are communicated to staff during handovers at the beginning of every shift. Staff also document changes to residents’ care in the communication diaries located at each nursing workstation. Documentation also confirmed medical officers regularly review residents’ care and treatment needs. Annually, and more frequently if necessary, residents undergo a comprehensive reassessment to ensure the care plan is consistent with the care needs of the resident. Residents/representatives interviewed stated they are satisfied with the care and support provided.

### **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

The home has an effective system for the assessment, monitoring and review of residents’ specialised nursing care needs. Interviews with residents/representatives and staff, and documentation reviews demonstrate residents’ specialised nursing care needs are identified and met. Referral to appropriate specialists and allied health occurs as required. Medical specialist services are available on a referral basis. Services available include continence management, dementia care, diabetes management, mental health, palliative care and wound management. Registered nurses from the local community health centre manage the complex wounds of residents. Residents/representatives stated they are satisfied with the specialised nursing care provided.

## **2.6 Other health and related services**

*This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".*

### **Team's findings**

The home meets this expected outcome

Residents are referred to other health professionals of their choice when necessary. Ongoing assessments and regular reviews of residents' care needs help to identify those requiring referral to other health and related services. Care staff demonstrated an understanding of the residents' health needs and preferences. Some of the services accessed by the home include mobile dental services, optometry, podiatry and speech pathology. Evidence of referrals and outcomes of the consultation is evident in a review of residents' care documentation with appropriate changes made in the care plans as required.

Residents/representatives interviewed were very satisfied with the arrangements for residents' referral to health specialists.

Residents are accompanied to appointments by family, friends or if necessary by the pastoral care coordinator and volunteers, and staff arrange transport when required. Residents have accessed specialist services including audiology, dental and dietetics, gerontology, optometry, physiotherapy, podiatry, speech pathology and pathology services. Staff update care plans and implement changes to care as appropriate as a result of referrals. Individual residents and their representatives stated they are satisfied referrals to appropriate health specialists are in accordance with the resident's 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

Residents/representatives interviewed stated the care staff manage their medications in a professional, safe and efficient manner. On each medication chart is photo identification of the resident. The medication administration procedure contains multiple checks. These ensure the right dose of the right drug is given at the right time by the right route to the right resident. Management have implemented an electronic medication management system. Staff use an electronic tablet to document the administration of residents' medication. Residents' electronic medication charts reviewed by the team included information regarding residents' medication allergies and signed medical officers' orders. There is a system for the identification of errors and action taken on those identified. A visiting pharmacist is available to review residents' medications and the attending pharmacy provides the home with a regular delivery service. Residents/representatives interviewed report they are happy with the care provided in relation to the medication requirements of individual residents.

## **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

The home has processes to ensure residents are as free as possible from pain. Pain is assessed on a resident's entry to the home and on an ongoing regular basis with staff using pain assessment tools to capture verbal and non-verbal signs of pain. Pain management

care plans are formulated for those residents who experience pain, with individualised strategies identified. Treatment of pain is attended in consultation with the resident and their representatives, staff and the medical officers. A pain management chart is completed when pain relieving medications are administered with efficacy noted. Alternative strategies to pain medication are provided including gentle exercise, heat therapy and repositioning strategies. Residents/representatives stated pain management strategies used by the home are effective.

## **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

The home has systems to ensure the comfort and dignity of residents requiring palliative care is maintained. Staff develop specific palliative care plans when required which identify additional care required by palliative care residents. The additional care may include frequent repositioning, specific oral care needs, maintaining skin integrity, nutritional requirements and pain relief treatments. End of life wishes are identified in discussion with residents/representatives to ensure care is provided accordingly. Care staff described a range of interventions used to provide for the comfort and dignity of residents during the palliative care process. Residents/representatives interviewed stated they are happy with the way in which the palliative care needs of residents are provided for.

## **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

Each resident's medical requirements concerning nutrition and hydration and their likes and dislikes are assessed and documented on entry to the home and on an ongoing basis. Nutritional assessments are completed and residents' individual dietary requirements are supplied to the kitchen. All residents are weighed monthly and residents' nutritional status is also monitored through staff observation of eating patterns. Special diets and supplements as recommended by the dietician are provided. Care staff promote adequate food and fluid intake, supervise and assist residents with their meals as necessary. Review of residents' care documentation confirms referrals to allied health specialists such as speech pathologists are made for nutritional and swallowing assessment and advice with any recommendations evident on care plans. Staff arrange for residents to see a speech pathologist and a dentist if indicated. Residents have access to health professionals, such as dietitians, dentists or speech therapists as required. Residents/representatives stated they are generally satisfied with the meals served to the residents.



### **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 ensure residents' skin integrity is consistent with their general health. These include initial and ongoing assessments, care planning and evaluations. An assessment to identify the risk of pressure area development is completed. Specific strategies are implemented dependent on the assessment results. Any changes in skin condition are reported to appropriate nursing staff and documented. Staff confirm residents' skin integrity is monitored daily and any changes are reported to the team leader and/or the facility manager. Staff commented there are sufficient supplies of appropriate medications, aids and equipment to support skin care. A hairdresser visits weekly and podiatry services are regularly available to those residents requiring this service. Any resident with a complex wound is referred to the registered nurse for management. Residents/representatives interviewed stated they are satisfied with the skin 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

Residents' continence is managed effectively through the home's initial and ongoing assessment processes and the development of care plans identify the individual needs of each resident. Provision of adequate nourishment and fluids, regular toileting regimes and the use of continence consumables are examples of how the home promotes continence. There is a range of continence consumables available and interviews with staff confirm there are adequate supplies. The home has access to education through the supplier of the home's continence consumables and the home's internal education program. Observations of staff practices confirm assistance is provided to residents and the home was odour free during the re-accreditation visit. Residents/representatives confirm they are satisfied with the continence management provided by 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

The home ensures the needs of residents with challenging behaviours are managed effectively. The home accommodates a significant number of residents with histories of psychiatric illness. There is a 22 bed secure dementia unit, "Stapleton House". Behaviour assessments are completed when necessary and behaviour management programs are developed for those residents who display challenging behaviours. A psychogeriatrician is available to assist with planning and evaluation of behaviour management programs. The mental health team from the local hospital attends the home as required. The team noted the home was generally calm during the re-accreditation site audit and they observed staff members implementing strategies to manage residents' behaviours. Residents/representatives interviewed confirm they are satisfied with the home's management of behaviour.

## **2.14 Mobility, dexterity and rehabilitation**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure optimum levels of mobility and dexterity are achieved for all residents. The home's assessment and care planning processes ensure residents' mobility and dexterity are assessed initially and on an ongoing basis with interventions documented in the care plans. A mobility assessment and care plan is completed for all residents and documentation confirmed regular reviews are in place. Manual handling requirements for all residents are also assessed and available for staff to assist them to identify the residents' individual requirements. Manual handling equipment is available to the staff who receive training in the correct use of the equipment. Interviews with residents/representatives indicate satisfaction with the ways residents are assisted to maintain their mobility and dexterity.

## **2.15 Oral and dental care**

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

### **Team's findings**

The home meets this expected outcome

The home has strategies to ensure residents' oral and dental hygiene is maintained. An oral health assessment is completed when a resident enters the home and their individual needs are documented on care plans that are reviewed and updated regularly. Staff interviews demonstrate knowledge in how they assist residents with oral and dental care. The home assists residents to be reviewed by visiting dental health specialists as required and staff assist residents in arranging transport to external dentists of their choice. Staff confirm they have adequate supplies available to them. During interviews with residents/representatives it was noted they are satisfied the resident's oral and dental health is maintained. Interviews confirm staff assist the residents with their oral and dental care.

## **2.16 Sensory loss**

*This expected outcome requires that "residents' 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 residents' sensory losses. Assessments of sensory needs are completed on entry to the home and when there has been a change in condition. Strategies and interventions required to assist with any sensory loss is documented on individual resident's care plans. Staff assist residents with the care of aids and equipment such as hearing aids and glasses. Interviews with and observations of staff demonstrate assistance is provided to residents in relation to their sensory losses. Residents are assisted to access specialist health professionals of their choice. Reviews of care documentation confirm referrals occur. Interviews with residents/representatives confirm they are satisfied with the home's management of residents' sensory losses.

## **2.17 Sleep**

*This expected outcome requires that “residents are able to achieve natural sleep patterns”.*

### **Team’s findings**

The home meets this expected outcome

Residents/representatives interviewed by the team stated they are able to sleep well. If residents have any difficulties sleeping, the night staff assist them with appropriate interventions in order to achieve natural sleep. Residents are able to choose their own sleeping and waking times. Sleep patterns are assessed by the night staff. When interventions are used to assist residents in sleeping, these are documented in the individual resident’s progress notes and care plans. Alternatives to promoting sleep rather than using medication is encouraged. The alternatives used include massage, provision of warm drinks, use of heat packs for pain relief and positioning for comfort. Night sedation is administered if ordered by a medical officer if other strategies have not been effective.

Residents/representatives report the home is generally quiet at night and they are able to sleep through the night.

## **Standard 3 – Resident lifestyle**

**Principle:** Residents 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 home’s systems for actively pursuing continuous improvement please refer to expected outcome 1.1 Continuous Improvement.

Recent improvements in Accreditation Standard Three include:

- Reviewing the lifestyle program and introducing a new shift on Saturdays which has been in response to feedback from residents. Residents know there is a planned activities program and state the activities better reflect the needs of the residents on Saturdays.
- Introducing a men’s shed with particular emphasis on activities for male residents. Consultation processes involved feedback from residents, relatives and relevant lifestyle associations in this regard. Male residents expressed satisfaction.
- Redeveloping the outdoor area adjacent to the secure dementia unit to allow these residents more outdoor activities and diversional therapy. Residents can access this area easily and the new concrete path is safer to walk. There is a bird cage, seating for residents, potted plants and water features. Families are also able to enjoy this outdoor area with residents.

### **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 resident lifestyle”.*

#### **Team’s findings**

The home meets this expected outcome

The home’s system to identify and ensure compliance with all relevant legislation and regulatory requirements is described in expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance related to Standard Three include:

- All residents and representatives were notified in advance of the home’s accreditation site audit and dates.
- Residents’ agreements provide information regarding security of tenure and financial arrangements. The Charter of Residents’ Rights and Responsibilities is displayed in the home and is also included in residents’ agreements via the resident pack on entry to the home.
- To ensure confidentiality of residents’ personal information, all records are securely stored.

### **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

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Examples of education provided under Standard Three include:

- Person centred care
- Resident advocacy
- Promoting health and wellness
- Spark of life - dementia

### **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 expressed appreciation for the support and assistance staff provide to them during their entry to the home and the subsequent settling in period. Care staff and activity staff spend one to one time with the resident during their settling in period and thereafter according to identified needs. In addition, activity staff and care staff provide ongoing support for residents and representatives, where applicable. The entry process includes information gathering from residents and representatives to identify residents' existing care and lifestyle preferences. Residents/representatives commented that all the staff are very caring. Feedback about residents' level of satisfaction with the provision of emotional support is gained formally and informally through meetings, audits and resident surveys.

### **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 satisfied with the opportunities available to them to participate in the life of the community. Residents are actively encouraged to participate in local community activities. Staff and residents cited several examples of residents attending local events and facilities with family members or carers. The home provides an environment in which representatives, friends and visitors are welcome to visit. Community groups attend the home as part of the activity program. Volunteers attend the home to assist residents engaging in activities and special events. Residents wishing to maintain their civil duties are assisted to vote at election times. A newsletter and the activity program keeps residents informed of events in the home

and newspapers are available to residents if they wish this service. Several residents are identified to go on family outings or attend community groups.

### **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

The home has processes through which each resident's right to privacy, dignity and confidentiality is recognised and respected. Examples of processes include consents signed for the use of residents' photographs, the identification of residents' preferred names, and staff practices. Staff advised they are aware of the need to maintain the confidentiality of residents' personal information. Staff also described strategies for maintaining residents' privacy such as knocking on doors and closing doors when providing treatments in residents' rooms. Management interviews demonstrated the home has processes for the archiving of residents' files and for the destruction of confidential information. Residents/representatives interviewed expressed satisfaction with the way staff respect and maintain residents' privacy, confidentiality and dignity.

### **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

Residents/representatives expressed satisfaction with the activity staff and program. Activity staff use an assessment process that captures residents' social histories and leisure preferences as well as observation of participation and attendance at the home's scheduled activities. The activity program includes special events and takes into account residents' preferred activities and significant cultural days. The program includes a mix of group and individual activities. Those residents' who have difficulty self-initiating activities and those who prefer not to join in with others are provided with one-to-one time. Lifestyle staff are responsive to the feedback that residents/representatives provide at meetings, through surveys and during informal discussions. The program includes games and quizzes, craft, music, entertainers, men's groups, beauty therapy and social gatherings, such as special lunches and barbeques. Participation records for each resident to identify levels of interest in the activities provided are maintained. Residents' lifestyle care plans are evaluated to ensure the program continues to meet the recreational and leisure needs of 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 has systems to identify and respect residents' individual interests, customs, beliefs and cultural and ethnic backgrounds. The home celebrates significant cultural and religious days with activities, decorations and meals. Religious services are conducted in the home for a number of denominations and pastoral care is provided to those who elect to receive it.

The home has resources available and multilingual staff to meet the needs of residents from culturally diverse backgrounds and staff liaise with resident's family members regarding any special needs or arrangements. Visitors are sourced from relevant cultural organisations for residents with no visiting family members. Residents and relatives confirm their satisfaction with the support provided to enable residents to maintain their cultural and spiritual lives.

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

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

Systems at the home ensure that residents and/or their representatives participate in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people. Residents/representatives are kept informed and given opportunity to provide input into the home through processes including case conferencing, resident and relative meetings, surveys, comments and complaints and informal discussion. Residents are provided with choices in their day to day care including shower times, meal choices, end of life choices, choice of medical officer and medical care. Residents are satisfied with the support provided to maintain their right to make choices and decisions.

### **3.10 Resident 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 demonstrated that residents and representatives have been provided with information about security of tenure and that residents understand their rights and responsibilities. Residents are offered a residential care service agreement on entry to the home. The resident handbook, which provides information about residents' rights and responsibilities, is also given to each new resident or their representative. Residents and/or their representatives are informed of the fees and charges. Residents in the extra services area have information on bonds provided. Resident/representative interviews demonstrated residents feel secure in their tenure in the home and are made aware of residents' rights and responsibilities.

## **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.

### **4.1 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 home’s systems for actively pursuing continuous improvement please refer to expected outcome 1.1 Continuous Improvement.

Recent improvements in Accreditation Standard Four include:

- Replacing the old carpet tiles with new floor coverings in the secure dementia unit. The new floor coverings is easy to clean and maintain and safe surface to walk on. Residents and staff commented on how the new floor coverings provide a fresh look for the secure dementia unit environment.
- Installing an air conditioning service throughout the complex which includes individual controls for residents and rooms and temperature control in corridors and communal areas. Residents and representatives are very positive with this improvement.
- Refurbishing the gazebo area with new decking and installing weather protective screens. There is now an easy and safer access for residents and staff to enjoy the outdoor area. Representatives interviewed were positive about the refurbishment.

### **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 system to identify and ensure compliance with all relevant legislation and regulatory requirements is described in expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance related to Standard Four include:

- The home has a current New South Wales Food Authority Licence to prepare and serve food to vulnerable populations.
- The home has a current annual fire safety statement.
- The home meets the requirements for implementation of changes under the Workplace, Health and Safety Act 2011.



### **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

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Examples of education provided under Standard Four include:

- Fire safety
- Infection control
- Manual handling
- Modified textures

### **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 residents' care needs".*

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

The home meets this expected outcome

The results of the team's observations, interviews and document review revealed the home provides a safe and comfortable environment consistent with residents' care needs and expectations. Residents reside in single rooms with ensuite bathroom facilities. A lift and ramps provide access between the various resident accommodation levels. All residents have access to safe garden courtyards and/or the extensive grounds, all of which are serviced by walking paths. The home accommodates all residents in single rooms with ensuites as well as providing communal lounge areas and gardens and laundries for residents' use. The home was observed to be clean, suitably and the room temperatures were appropriate as was the lighting and noise levels. The residents and their representatives interviewed expressed satisfaction in the living environment and their ability to bring personal items to their rooms. Resident interviews revealed residents are very happy with their 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

There are effective mechanisms to ensure management is actively working to provide a safe working environment that meets regulatory requirements. The safety system includes regular staff training (including manual handling), regular safety related audits and inspections, electrical equipment checks and safe operating procedures for chemicals and dangerous goods. The safety system includes access to material safety data sheets, manual handling equipment, personal protective equipment, hazard reporting, and accident and incident reporting. The home has a preventative and routine maintenance program, which helps to

ensure the overall safety of the environment and equipment. Our review of data from indicator summaries and accident and incident reports shows that over a sustained period there have been minimal incidents relating to staff safety. This indicates the effectiveness of the home's approach to occupational 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

Management and staff are actively working to provide an environment and safe systems of work to minimise fire, security and emergency risks. There are documented emergency procedures in operation. Fire safety systems in the home include fire alarms, fire panel, smoke/fire doors, fire hoses and extinguishers and exit signs. The home has formal, external contractual arrangements for the monitoring and maintenance of all fire safety equipment and systems on the site. The home has a designated fire safety officer who has completed fire safety officer training. The home has a smoking policy and provides a designated outdoor smoking area. Staff demonstrated they have adequate knowledge of the home's fire safety procedures. Resident/representative interviews indicated residents 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

The home has an effective infection control program in place. Observations, interviews and document review revealed the program incorporates an organisation-wide approach. This involves an infection control surveillance and reporting system, a waste management system, a food safety program, and appropriate disinfection methods in the laundry. Staff interviewed described the practices and procedures they would carry out when dealing with an outbreak at the home. Staff providing care, catering, cleaning and laundry services demonstrated an awareness of the infection control system relating to their work area. Observation confirmed staff adhere to infection control guidelines including the use of standard precautions. Preventative measures include education for all staff and an effective cleaning program.

#### **4.8 Catering, cleaning and laundry services**

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

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

The home meets this expected outcome

The home employs its own kitchen, laundry and cleaning staff who provide catering, cleaning and laundry services in a way that enhances residents' quality of life and staff working conditions. The catering system ensures residents' preferences are taken into account in the food planning process, and that appropriate choices and alternatives are offered. Residents/representatives have input into menus through feedback directly to staff, satisfaction surveys and residents' meetings. The cleaning system is well organised and

effective, with common areas and each resident's room being cleaned regularly. The home was noted to be clean and free of odour. The laundering of linen is done on-site. Residents' personal items are washed and returned to the appropriate resident, within a reasonable turnaround time. There is a clothes labelling system in place to reduce loss of personal clothing. Residents interviewed expressed satisfaction with the catering, cleaning and laundry services provided by the home.