



Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit Macquarie Care Centre

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Macquarie Care Centre in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Macquarie Care Centre is three years until 21 October 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

[This home is a Better Practice in Aged Care Award winner. To find out more about this home's 'Better Practice', click here](#)

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Macquarie Care Centre				
RACS ID:	1455				
Number of beds:	55	Number of high care residents:	52		
Special needs group catered for:	• Nil				
Street/PO Box:	Russell Street				
City:	BATHURST	State:	NSW	Postcode:	2795
Phone:	02 6331 7555		Facsimile:	02 6331 8376	
Email address:	sryan@chcs.com.au				

Approved provider

Approved provider:	Catholic Healthcare Limited
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Assessment team

Team leader:	Patricia Hermens
Team member/s:	Tonee Taylor
Date/s of audit:	19 August 2009 to 20 August 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

Standard 2: Health and personal care

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
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Does comply
Does comply
Does comply

Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
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Agency findings
Does comply
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Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Macquarie Care Centre
RACS ID	1455

Executive summary

This is the report of a site audit of Macquarie Care Centre 1455 Russell Street BATHURST NSW from 19 August 2009 to 20 August 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Macquarie Care Centre.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 19 August 2009 to 20 August 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Patricia Hermens
Team member/s:	Tonee Taylor

Approved provider details

Approved provider:	Catholic Healthcare Limited
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Details of home

Name of home:	Macquarie Care Centre
RACS ID:	1455

Total number of allocated places:	55
Number of residents during site audit:	54
Number of high care residents during site audit:	52
Special needs catered for:	Nil

Street/PO Box:	Russell Street	State:	NSW
City/Town:	BATHURST	Postcode:	2795
Phone number:	02 6331 7555	Facsimile:	02 6331 8376
E-mail address:	sryan@chcs.com.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

	Number		Number
Catholic Health Care (CHC) operations manager	1	Residents	20
Macquarie Care Centre (MCC) residential managers	1	Relatives	9
Care staff	6	Auxiliary members	2
Dementia coordinator	1	Maintenance staff	1
Recreational activity officer	1	Servery staff	2
Team leaders	4	Laundry staff	1
Sense of worth coordinator	4	Bus driver	1
Nutrition coordinators	4	Community service workers	2
Grooming coordinators	4	Pastoral Carer	1
Continence coordinators	4	Endorsed enrolled nurse	1
Registered nurses	1	Dementia coordinator	1
Administration assistant	1	Recreational activity officer	1
Mentor	1	Art instructor	1

Sampled documents

	Number		Number
Residents' files	8	Medication charts	19
Summary/quick reference care plans	8	Incident reports	27

Other documents reviewed

The team also reviewed:

- Activity program, calendar, records and evaluations
- All Saints partnership folder
- Antipsychotic medication assessments
- Assessment guides
- Behaviour management plan from the mental health team 10 June 2009 & 18 May 2009
- Blood sugar levels and blood pressure folder
- Care assessments and observation/record charts including clinical and personal care; leisure and lifestyle
- Care directives/terminal wishes
- Case conference records
- Certification instrument 1999 summary report from Department of Health and Ageing, current annual fire safety compliance statement 18 March 2008, fire safety maintenance contractor records, colour coded emergency procedures flip charts, emergency evacuation site plans, emergency procedures manual, disaster contingency plan, building security protocols (including staff lock up procedures)
- CHC staff handbook, and human resource information - letters of appointment, role descriptions (including those for the four Sense of Worth coordinators, the dementia coordinator, and the activity officer), duty lists, task sheet, Feedback and Development System (FADS) forms/staff appraisals, federal police record check register, nurses professional registration records, rosters, the Dynamic Outstanding Values Employee (DOVE) Awards information brochures on the exceptional care and service award, innovation award and spirit and action award; CHC Internet and Intranet HR staff recruitment pages, Residential Aged Care Collective Agreement (NSW) 2008-2011
- Cleaning programs, including schedules and chemical information including material safety data sheets
- Comments and complaints 2008/09 (including complaints register and continuous improvement forms for compliment, suggestions, complaints and hazards). Fact sheet on providing feedback through the internal comments and complaints process. Aged Care Complaints Investigation Scheme brochure and TARS advocacy brochures
- Communication book
- Comprehensive medical assessments
- Continuous improvement (CI) documentation 2008/09 (including CHC corporate and Macquarie Care Centre's CI plans, quality activity/audit schedule, audit and survey results, trend data, CI improvement report forms and register)
- Continuous work plan projects folder
- Data base/interim care plan
- Education records 2008-2009 (including Macquarie Care Centre's education and training program incorporating orientation, mandatory training and in-service. Staff attendance records, session evaluation reports, training certificates and competency records. Course outlines and education resources (including new orientation and mentoring handbook)
- Electronic communication systems (including e-mail, computer hardware, CHC Residential Aged Care Intranet containing quality management system, on line legislation, record back up procedures)
- Exercise therapy sheets
- Flyers and posters folder
- Four week cycle menu, initial assessment data, residents likes and dislike and special dietary needs information
- Incident and accident forms and hazard reports forms, summaries and trend data, OH&S environmental safety inspections, material safety data sheets (MSDS), manual handling instructions, workers compensation reports, mandatory reporting policy, procedures and guidelines, reportable incident forms, mandatory reporting central register

- Infection control material (including manual, monthly summary and trend data, temperature records for food and equipment, food safety plan, NSW Food Authority License dated 14 November 2008, immunisation records and outbreak management program)
- Legislation alert service material (including information on CHC Intranet and legislation alert service folders containing relevant legislation)
- Life history books
- Maintenance records (preventative and corrective) including preventative maintenance program 2009, maintenance request logs/work orders, and maintenance work records
- Medication management notes
- Medication monitoring comprehensive review 10 July 2009
- Memo re: medication change for optimal timing of medications 24 July 2007
- Memos folder
- Newsletters –CHC Connections Autumn 2009 plus reader satisfaction survey, Macquarie Care Centre’s resident newsletter
- Observation charts
- Optimal timing of medications for residents with Parkinson’s disease folder
- Pain assessment folder
- Photographic history of wound healing
- Planning documentation (including mission, vision, values, goals and commitment to quality in framed statements and fold out brochure versions, CHC corporate and service organisational charts, “Many Traditions One community” annual report 2007-2008)
- Preferred suppliers/contractors information, a sample of supplier’s contracts and agreements were sighted on site (maintained centrally at head office). Sample included contracts for the supply of services and goods including pest control, fire systems maintenance, food, pharmacy and chemicals
- Policy and procedural flow chart manuals (hard copy and electronic copies on CHC Intranet site). Document management framework
- Registered nurse duty lists
- Report from consultant psychiatrist 5 March 2009
- Report from general surgeon 7 May 2009
- Resident information pack (incorporating CHC resident handbook and resident care agreements)
- Restraint authorisations and monitoring forms
- Sense of worth assessments and journals
- Sense of worth coordinators folder
- Sense of worth folder
- Sense of worth pillars – folders one to six
- Sense of worth survey results residents/representatives 2009
- Teamwork/routines folder
- Various meeting agendas and minutes 2009 (including those of the CHC western region residential managers group, MCC auxiliary report 2009, staff/continuous improvement meeting, resident food and the resident/relative committee)
- Visitors & contractors sign in sign out books
- Wandering charts with photos
- Weights folder

Observations

The team observed the following:

- Activities in progress (including residents enjoying morning and afternoon tea, reading the paper and/or books, relaxing in front of the open fire place in the cottage lounge areas, playing housie, doing craft, entertaining visitors in garden, lounge rooms and sun room areas, watching the new large screen television, feeding chooks, tending to gardens (vegetable and flower), residents enjoying music, residents participating in

exercise class, attending choir practise/weekly happy hour, attending art class, tending to pet caged bird, trivia activity and trophy. Resident operated library service, residents knitting activity for WIRES (possum and Joey pouches)

- Archives and secure storage of resident/staff files
- Cleaning in progress (including equipment, trolleys and wet floor signage boards)
- Clinical journals and other resource material provided for staff use
- Dining rooms during lunchtimes, morning and afternoon tea (including resident seating, staff serving/supervising/assisting residents with meals)
- DVD presentation on MCC "Sense of Worth" program
- Equipment, archive, supply storage and delivery Living environment (internal and external, including residents single and double bedrooms with ensuite bathrooms, communal living areas including cottage dining and lounge areas, resort style sensory/spa room, chapel, library, hairdressing salon, laundry, landscaped gardens and courtyards, raised flower gardens, raised vegetable gardens, chook shed and yard, numerous bird feeding stations, sundial, outdoor/barbecue areas with shade structures (verandas and gazebos) and outdoor furniture. Special outdoor areas for resident hobbies including potting area, saddle cleaning area and plaster of Paris mould making area)
- Fire safety system equipment (including fireboard, extinguishers, outdoor wall water curtain, fire blankets, fire hydrants, emergency exits, fire egresses and emergency evacuation areas)
- Flower and seed pod displays, nature boxes
- Fruit and vegetable displays
- Kitchen/serveries environment, selection of foods, food storage areas
- Large print activities' equipment including newsletters and programs
- Medication administration rounds, storage, packaging and labelling
- Mobility and manual handling equipment in use (including mechanical lifters, shower chairs, wheel chairs and walkers)
- Notice boards (containing large print resident activity notices and large print resident committee minutes, menus, memos, staff and resident information including residents' rights and responsibilities statement, comments and complaints information)
- Palliative care kit
- Personal protective clothing in all areas, colour coded equipment in the kitchen/serveries and cleaning areas, first aid kits, spills kits, outbreak kits, hand washing signs, sinks, wall mounted soap dispensers and waterless sanitisation liquid for hand washing, infection control resource information, waste disposal systems (including sharps containers, yellow contaminated waste bins and general waste bins)
- Quiet room
- Residents' suggestion box, individual residents mail boxes in residents rooms
- Safe storage of chemicals
- Secure storage of residents' files (clinical and personal information)
- Security systems (including phones, the nurse call systems resident wall buzzers, external lighting, staff duress alarms, CCTV equipment, door alarm systems)
- Staff clinical areas including medication trolleys, wound management equipment and clinical information resources
- Staff consulting with representatives, medical and other health related personnel
- Staff practices and courteous interactions with residents, visitors and other staff
- Staff work areas (including kitchen/serveries, laundry, cleaning room, clinic/treatment room, reception and offices)

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 recommendation

Does comply

The home’s continuous improvement system incorporates a range of activities that enables it to seek stakeholders’ opinion for the purpose of improvement as well as assess, monitor and evaluate its performance in areas that relate to the four Accreditation Standards. This is achieved through a program of quality activities that incorporates the use of CI forms, surveys, system and process audits, collection of performance indicators, reviews and the comments and complaints system. Formal review of the results of these activities occurs, trends can be identified and improvement strategies are planned and implemented as required.

All 29 residents/resident representatives interviewed indicated that they were exceptionally happy with the care and services provided to them at the home.

Residents/resident representatives advised that they were encouraged to make decisions regarding care and services including those relating to their health and personal care, lifestyle and hospitality services. They confirmed that the home was responsive to the issues they raise on continuous improvement forms, at resident meetings, in person and through the complaints system.

All staff interviewed indicated that the home is open to suggestions for improvement and is responsive to issues they raise through the consultation processes available to them.

A range of quality activities have been implemented to measure performance in relation to expected outcomes in Standard One. A review of the results of activities undertaken indicates that actions are being carried out that are resulting in improvement. Some examples of improvements made through the CI system are:

- In July 2008 a new quality management system was implemented across all Catholic Healthcare services including Macquarie Care Centre’s. The new Residential Management System (RMS) is an intranet based quality system designed to maximise staff participation and compliance with policies and procedures. It was implemented to coordinate service provision, legislative compliance and continuous improvement. It provides access to contemporary clinical and operational guidelines through a suite of online manuals, guides and legislation. The new system has built in processes for consultation with staff, residents and their representatives and for monitoring of performance including scheduled audits and reviews. A systems manager/document controller who is part of the CHC quality outcomes team has been appointed to oversee the RMS.
- Staff skills and knowledge have been improved ensuring that they are commensurate with the changing resident acuity or changing service delivery requirements. For example, programs are offered that focus on the development of leadership and team building through the CHC leadership essentials program. The home’s manager has attended a two day TAFE course on Management Essentials, sessions on managing staff

performance and managing budgets. Management and staff have attended relevant Aged Care Funding Instrument (ACFI) training. IT training has been provided to support staff to access the Intranet site and to use the Intranet based residential management system.

- A number of human resource (HR) related strategies implemented have strengthened the home's management processes and benefited staff. These include the introduction of federal police background checks for staff/volunteers/ contractors and the roll out of the CHC Residential Aged Care Collective Agreement on 1 July 2008 which saw staff remuneration reviewed and aligned with market values. In May 2009 a more extensive and formal orientation program was implemented for new staff. One MCC staff member is now a trained staff mentor and coordinates the CHC mentorship program at the home. Organisational restructuring within the home was necessary to support the "Sense of Worth" program. This together with education has changed the culture from one that is task focused to one that is resident focused.
- Improvements in the area of information management include the development of the CHC Residential Aged Care Intranet which has been upgraded and reformatted to provide greater assistance to the home through easy access to the residential management system's organisational policies, procedures and associated forms. Other major IT projects include the introduction of computer based invoice/accounting system, a document management system and a payroll system.
- A review of external service providers (including suppliers of goods and services) was undertaken to ensure that suppliers provide high quality programs at competitive rates. CHC external service provider contracts which are maintained centrally have been reviewed by the group's legal department. The centralisation and renegotiation of contracts has resulted in substantial savings across a range of services and goods. For example, the cost of some foods, chemicals and fire services at MCC has reduced dramatically.

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 recommendation

Does comply

The organisation has adopted an effective system to manage regulatory compliance. The results of the team's observations, interviews and document review revealed that policies and procedural flowcharts have been developed by the organisation to ensure that they embrace regulatory compliance. The home is notified of change through legislation alert services that it subscribes to and action is taken as required to ensure that the home remains compliant with legislation. Monitoring of quality indicators, audits of compliance, education and competency assessments are assisting the quality outcomes team, management and staff to ensure that required standards are maintained and enhanced.

An example of responsiveness to a change in legislation is that the organisation has considered the implications of the Workplace Relations Act 1996 and Amendment (Work Choices) Act 2005 and has implemented a collective workplace agreement for its staff. In addition, the organisation has considered the implications of the Aged Care Amendment (Security and Protection) Bill 2007 and implemented the necessary changes. For example, Federal criminal record checks were introduced.

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 recommendation

Does comply

Systems in place have ensured that management and staff have the knowledge and skills to perform their roles effectively. The results of the team's observations, interviews and document review revealed that maintenance of staff knowledge and skills is underpinned by a staff orientation program that familiarises new staff with the home's policy and procedures as well as an education program that provides all staff disciplines with education on a range of issues relevant to aged care. The internal education programs, together with the external education available, support staff to provide care and services in accordance with the requirements of the four Accreditation Standards. The effectiveness of the training provided is being measured through audit results, observation, staff appraisal and various competency skills tests.

Education sessions and courses that relate to this Accreditation Standard that have been attended by management and staff include mission vision and values, residential management system (RMS) incorporating policies and procedural flowcharts, documentation, bullying and harassment, managing performance, staff recruitment and selection, managing budgets, CHC collective agreement, complaints management, code of conduct, elder abuse, and information technology systems covering Intranet and payroll systems. Numerous other topics have been provided through seminars and workshops such as industry association conferences, CHC professional development programs and CHC annual two day conferences/workshops.

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 recommendation

Does comply

The home provides a choice of well-publicised complaint mechanisms that can be used by stakeholders including residents, relatives and staff. The results of the team's observations, interviews and document review revealed that stakeholders are aware of and feel comfortable to use these mechanisms, which include both internal and external complaint mechanisms. For example, the residents' committee, staff meetings, use of the staff grievance procedure, use of the home's continuous improvement log forms, confidential improvement log forms for comments and complaints and external complaints bodies including the Aged Care Complaints Resolution Scheme. All complaints received are documented together with details of the investigations conducted and action is taken to resolve concerns and complaints in a timely manner. Complaints are rated against the critical assessment scale (CAS) and reported to CHC if serious or major.

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 recommendation

Does comply

The organisation has documented the home's mission, vision, values, philosophy of care and commitment to quality and these statements are clearly communicated to all stakeholders.

The results of the team's observations, interviews and document review revealed that these statements are posted on the walls of the home and included in the home's key documentation including the policy and procedure manuals, resident handbook and the staff handbook. In addition the home has effective mechanisms for communication, planning and review, and integration of services. For example, there are high levels of stakeholder consultation, robust committee and reporting systems, as well as strategic planning and budget processes that underpin the provision of services. In addition, CHC supports facility managers to build effective, constructive workplaces through the provision of centralised services such as payroll and internal consultancy services encompassing mission, quality outcomes, policy and procedure development, human resources/industrial relations, occupational health and safety, learning and development.

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 recommendation

Does comply

The home has appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the needs of residents. The results of the team's observations, documentation review and interviews revealed that this is underpinned by the effective implementation of human resource policies and procedures. These cover staff recruitment, orientation, performance review through an annual appraisal process and competency assessment program, and the maintenance of staff records (that include position descriptions, duty lists, registration details and probity checks). The staffing budget has been formulated to meet the specific needs of the site, but staffing levels are constantly monitored and adjusted in accordance with the residents' needs. For example, resident and relative feedback, staff feedback and the results from the performance monitoring system are also considered. The staff resident ratios were provided and examples of staff adjustments as a result of resident identified need were provided.

Reward and recognition strategies have been implemented to ensure the home continues to attract and maintain sufficient numbers of appropriately skilled and qualified staff. For example, salary packaging, a collective agreement, an employee awards scheme, accessibility to training for career path progression purposes and to an employee assistance program (EAP) that provides support and counselling services to staff. A CHC workplace consultative team consisting of staff representatives from each service area exists to discuss issues of concern referred to them by staff from across the group.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has systems in place that ensure that appropriate stocks of goods and equipment are available at all times. The results of the team's observations, interviews and document review revealed that the maintenance of appropriate stocks of goods and equipment including medical supplies and equipment, food, furniture and linen is achieved through the implementation of effective policies and procedures for budgeting, purchasing, inventory control, assets management and the maintenance of equipment through a corrective and/or annual planned preventative maintenance program.

1.8 Information systems

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

Team's recommendation

Does comply

There are systems in place that effectively manage the creation, usage, storage and destruction of all records, including electronic records. The results of the team's observations, interviews and document review revealed that the home effectively disseminates information to management, staff, potential staff and residents/resident representatives relating to legislation, resident care, careers, organisational information and other matters that are of interest to them. This is achieved through Internet and Intranet web sites, e-mail, data management and reporting applications, memos, noticeboards, meetings, clinical records, information packages (including resident and staff handbooks), education sessions, meeting minutes and policy and procedure manuals. Information is managed in accordance with the home's privacy and security policy.

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 recommendation

Does comply

All externally sourced services are provided in a way that meets the home's needs and quality goals. The results of the team's observations interviews and document review revealed that the home has an effective system in place to identify preferred and major suppliers of goods, equipment and services and to review major suppliers' performance against agreed objectives contained in documented external service agreements or contracts. Contracts and/or simple service agreements are in place with suppliers of services such as pest control, general maintenance, laundry services, kitchen and laundry equipment maintenance, fire system maintenance, pharmaceutical and continence supplies. There is a mechanism to track and resolve problems with suppliers.

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 recommendation

Does comply

The results of the team's observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders. For comments relating to resident and staff feedback and details regarding the system see expected outcome 1.1 Continuous improvement.

A range of quality activities including stakeholder feedback mechanisms, reviews and audits are in place to measure performance in relation to all expected outcomes in Standard Two. A review of the results of activities undertaken to date indicates that actions are being carried out that are resulting in improvement. Some examples of improvements made through the CI system are:

- Staff skills and knowledge have improved ensuring that they are commensurate with the changing resident acuity or changing service delivery requirements. For example, around 43 of Macquarie Care Centre's staff have completed a recognised dementia care training package. Three assistants in nursing and four registered nurses attended a Mental Health First Aid training course. One CSE is currently undertaking a certificate IV in aged care work and one of the catering staff are doing a certificate III in aged care work.
- The new RMS system provides documented processes for the development and delivery of clinical care. Where possible best practice information and contemporary practices have been incorporated into the procedures. In addition, the system is providing staff with access to a comprehensive suite of manuals and guidelines based on best practise.
- In December 2008 a new external group was contracted to audit the medication management system. This is ensuring that pharmacy and staff performance is comprehensively reviewed and that the system is safe. An electronic drug reference manual is now available to staff on line. New electronic medication charts are being introduced in September 2009.
- A quality project entitled “optimal timing of medications” for residents receiving medications for Parkinson's disease has been undertaken. Currently the home has residents suffering from Parkinson's disease. The team reviewed documentation that indicated that the quality of life of these residents had improved as a result of this program.

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 recommendation

Does comply

The results of the team’s observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance pertaining to Health and Personal Care. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

A recent example of responsiveness to a change in legislation is the action taken by the home to review its practices in accordance with the Department of Health and Ageing requirements. For example, the home has implemented the requirements of the Aged Care (Residential Care Subsidy – basic subsidy amount) Determination 2008 (No 1), i.e. the home has implemented changes associated with the introduction of the Aged Care Funding Instrument (ACFI).

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 recommendation

Does comply

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.

Education sessions and courses that relate to this Accreditation Standard that have been attended by staff include wound management, use of Intranet/policies and procedures/clinical guidelines, continence, behaviours, and pain management, mental health first aid, Parkinson’s disease, documentation, the living well program/promoting health and wellbeing, continuous ambulatory peritoneal dialysis, percutaneous enteral gastrostomy feeds, suicide prevention, medication management, dementia care essentials, a palliative approach, use of equipment and ACFI. The effectiveness of education is measured through observation, audits, survey and resident feedback. In addition, staff competency is assessed in various areas including medication administration.

2.4 Clinical care

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

Team’s recommendation

Does comply

Macquarie Care Centre has systems in place to assess, document, regularly review and evaluate residents' care needs, ensuring that residents receive appropriate care. On entry to the home a data base assessment/ interim care plan is completed. All aspects of residents' care needs are then assessed through a series of tools, from which a more comprehensive care plan is designed. A “sense of worth” program is in place at the home and information is collected on entry to allow the staff to identify specific individualised interventions for the resident. Review of resident files demonstrated that resident/representatives’ choices are included in the care planning process and that there is ongoing consultation regarding resident care needs. The home has 24 hour registered nurse coverage and care plans are

reviewed second monthly. Residents are able to use a doctor of their own choice. There are appropriate supplies of equipment and resources, maintained in good order, to facilitate care delivery. In an emergency residents are transferred to a local hospital. The home has established good networks with clinical support services in the community. The care staff interviewed demonstrated positive attitudes toward their work, a good understanding of the tasks required of them and the importance of their care of the residents. All residents/representatives interviewed expressed satisfaction with the care 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 recommendation

Does comply

Specialised nursing care needs are identified and documented. There is a close liaison with local specialist services including palliative care and the district nurse for wound care if required. There are sufficient supplies of equipment and resources to meet identified specialised nursing care needs. The presence of registered nursing staff 24 hours a day together with policies and procedures ensures specialised nursing care is conducted by appropriately skilled staff. A review of documentation and interviews with residents/representatives and staff confirm that the home manages specialised care requirements appropriately. There is a system in place to ensure equipment required to assist in the provision of specialised care is regularly calibrated and maintained.

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 recommendation

Does comply

Results of the team's observations, interviews and document review indicate that Macquarie Care Centre has a system in place to ensure that residents are referred to appropriate health specialists in line with their needs and preferences. The system includes the identification of changes, by registered nurses and medical officers, of a resident's condition where a referral to a specialist may be required. The home also has access to speech therapy, podiatry, occupational therapy, dietician input, psycho-geriatric review, masseuse service, dental, physiotherapy, optical and dental services. Where changes are recommended in relation to care delivery, residents' care plans are updated to reflect the specialists' recommendations and registered nursing staff monitor these to ensure that the changes are effective. Residents/representatives interviewed confirmed that they are referred to appropriate health specialists as required and that staff assist residents' with their transportation requirements.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's recommendation

Does comply

Results of the team's observations, interviews and document review indicate that Macquarie Care Centre has a system in place to ensure that residents' medication is managed safely and correctly. The system includes effective communication systems between medical officers and the pharmacists, a safe storage mechanism, correct administration and record keeping, regular quality checks and audits of the medication management system are conducted. A medication incident reporting system is in place. Collated incidents are tracked and changes to the system or education are provided in response to identified needs. An

external pharmacist undertakes regular medication reviews to identify potential risks to residents related to poly-pharmacy. A medication advisory committee with representation from key stakeholders meets to review legislative changes, medication and pharmacy issues and audit results. Registered nurses and endorsed enrolled nurses administer medications in the home and competency assessments are attended in this area. Resident/representatives interviewed confirmed that residents receive the correct medication on time.

2.8 Pain management

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

Team’s recommendation

Does comply

There are systems in place to ensure all residents are as free from pain as possible. Initial and ongoing pain assessment includes verbal and non verbal indicators and interventions are monitored and evaluated on an ongoing basis. A holistic approach to managing pain is used with consultation between staff, residents/representatives, allied health and medical practitioners. Strategies to manage residents’ pain include attention to clinical and emotional care needs, alternatives to pain relief such as repositioning and massage. Distraction techniques are also used for pain control using information collected as part of the “sense of worth” program. Staff confirmed that they understand and practice alternative methods of pain management and residents/relatives confirmed resident pain is managed in an appropriate and timely manner.

2.9 Palliative care

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

Team’s recommendation

Does comply

Macquarie Care Centre has documented policies relating to palliative care. Residents requiring palliative care are assisted to remain comfortable and their dignity is maintained. Residents' end of life wishes are identified following entry to the home and spiritual support is available in accordance with residents' wishes. The home has equipment such as mattresses, padded bootees and limb protectors designed for maintenance of skin integrity. Mechanical lifters and mouth care products are used. A palliative care kit is available for staff and contains a touch lamp, essential oils and religious items. Bird feeders are placed outside the window to provide a pleasant distraction for palliating residents. Access to a palliative care team is available from Daffodil Cottage in Bathurst when required. The home provides a single room for palliative care residents if requested and accommodation for family members who wish to stay close to their relative during this time. A quiet room is available for residents/representatives use. The home has regular visits from the pastoral care worker and several clergy of different denominations. Staff interviewed displayed good knowledge of the care required for palliating residents and their family members.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Interviews with residents and their representatives indicate satisfaction with the food and hydration at Macquarie Care Centre. Residents' nutritional status is monitored via monthly weight checks and skin integrity assessments. Meal temperatures are monitored and there is a four-week rotating menu. Documentation and observation confirmed that interventions

such as the provision of modified crockery and cutlery, modified food textures, assistance at meal times and the use of dietary supplements ensure residents receive adequate nutrition and hydration. The home uses the services of a dietitian and speech pathologist from a local hospital when required. Additional fluids are provided between meal times and residents are encouraged to maintain their fluid intake. Fluid intake/output charts are used when required. Food is used as part of the “sense of worth” program with displays of seasonal food throughout the home to stimulate the resident’s senses. Food is also used in celebrations at the home and the team reviewed a pictorial history of celebrations held at the home. All residents/representatives are satisfied with the quantity of food offered and stated that the residents’ meetings/resident food committee are effective mechanisms for feedback on the food provided.

2.11 Skin care

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

Team’s recommendation

Does comply

There are systems in place to assess and monitor residents’ skin integrity on entry to Macquarie Care Centre and on an ongoing basis. Key performance indicators include the reporting of wounds, infections and skin tears; these are trended each month and where indicated, preventative action is taken. This was confirmed by the review of audit results, resident records, accident and incident reports, policy and procedures, wound charts, and interviews with staff and residents. The care manager is trained in wound care and provides support and advice for staff and oversees complex wound management. The district nurse is also available for support with complex wound management if required. A podiatrist and hairdresser are available to assist in the promotion and maintenance of residents’ skin integrity. Staff described the system in place for reporting changes in skin integrity. Protective creams, air mattresses, sheepskins, limb protectors and padded booties are used to maintain skin integrity and a range of dressings are available to protect skin and to treat skin tears and wounds. Resident representatives interviewed indicated that they are satisfied with the way the home looks after the resident’s skin integrity.

2.12 Continence management

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

Team’s recommendation

Does comply

Results of the team’s observations, interviews and document review indicate that Macquarie Care Centre has a system in place to ensure that residents’ continence is managed effectively. The system includes assessment of residents’ specific continence needs and preferences and development and regular review of a care plan. Continence is promoted through toileting regimes, continence product use and provision of adequate fluids. Regular evaluations of continence programs determine if changes are necessary. The home uses the support of a continence aid supplier for advice and education. Document and specific case reviews demonstrate that continence is well managed by the care staff. The facility is odour free. Residents/representatives interviewed confirmed that the staff manage residents’ continence well.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Results of the team’s observations, interviews and document review indicate that Macquarie Care Centre has a system in place to ensure the needs of residents with challenging behaviours are managed effectively. The system includes initial and ongoing assessment of residents’ behavioural needs, the “sense of worth” program and the development of a care plan that includes strategies to address residents’ specific needs. Individualised activities from past life interests are used to successfully reduce behaviours. Episodes of challenging behaviour are recorded, monitored closely and evaluated regularly to determine the triggers and the effectiveness of strategies used. Individualised strategies are used from the information collected as part of the sense of worth program. Reminiscence techniques are also used using the life history information booklet that is available in each resident’s room. The local medical officer together with a consulting psychiatrist and the mental health team assists with evaluation and treatment of residents with behavioural management needs. Residents are referred to other professionals, for example a psycho-geriatrician following assessment. Residents/representatives interviewed confirmed that staff manage residents’ challenging behaviour well.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

Macquarie Care Centre has a system in place to ensure that optimum levels of mobility and dexterity are achieved for all residents. Interviews with staff and review of documentation revealed that the registered nurses, medical officers and the physiotherapist assess new residents for mobility and dexterity, if required, on entry to the home. An individual program is developed which care staff implement. The care staff carry out passive exercise programs for residents. A weekly exercise program for residents is conducted by the local fitness centre. Mobility aids and lifting devices are available for residents requiring them. There are processes in place for review and evaluation of the ongoing effectiveness of the mobility and dexterity programs. Incidence of falls is recorded, falls risk assessments are conducted and strategies implemented to minimise the risk including physiotherapy reassessment and medication review. Residents/representatives interviewed stated that they are happy with the mobility program.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s recommendation

Does comply

Macquarie Care Centre’s systems for the initial and ongoing assessment, maintenance and evaluation of residents’ oral and dental health includes arranging for the provision of dental services such as denture care and dental professionals, continuing assessment of residents’ oral care needs, and the documentation in the care plan. Staff interviewed demonstrated knowledge of policy and practice in relation to the oral and dental care provided at the home including the cleaning of teeth and dentures, recording of oral observations and general

mouth care. Residents/representatives interviewed are content with the care given by staff in this area.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Interviews with residents/representatives and staff indicate that residents’ sensory losses are identified on entry to Macquarie Care Centre and are incorporated into the resident’s care plan and strategies are used to manage the residents’ needs. Strategies used include placement of residents to facilitate optimum hearing, vision and lip reading, communication boards and the provision of large text reading material. Interventions on how to communicate to residents, the use of aids including glasses, hearing aids are documented in progress notes and care plans. The resident’s senses are continually stimulated throughout the home with displays of fruit, vegetables, flowers, plants and seed pods. Outside the home in resident areas there are perfumed gardens, raised vegetable, herb and flower gardens, bird feeders, a pet bird and chooks. Residents are involved in caring for the gardens and animals. Optometrist and audiology services are consulted when necessary. Special lunches and barbeques are used to stimulate taste and smell. The home has a sensory spa room that was implemented by care staff which also contains items to stimulate residents touch and smell. Residents/representatives interviewed are extremely happy with the effectiveness of managing sensory losses and the ambience of the home and surroundings that the “sense of worth” program has provided.

2.17 Sleep

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

Team’s recommendation

Does comply

Information relating to residents’ normal sleep patterns is obtained on their entry to Macquarie Care Centre and where relevant sleep assessments are undertaken. Natural sleep patterns are promoted by the use of analgesia if required, toileting programs, continence management programs, snacks and drinks and one-on-one time. Staff are aware of individual resident requirements such as number of pillows and blankets required. Sleep charts are used to monitor residents’ sleep if required. The use of these strategies is supported by review of resident records, care plans, assessments, and interviews with residents/representatives and care staff members.

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 recommendation

Does comply

The results of the team’s observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders. For comments regarding resident and staff feedback and details of the system see expected outcome 1.1 Continuous improvement.

The home uses a range of quality activities including stakeholder surveys and audits to measure its performance in relation to all expected outcomes in Standard Three of the Accreditation Standards. A review of the results of activities undertaken indicates that actions are being carried out that are resulting in improvement. Some examples of improvements made through the CI system are:

- A “Sense of Worth” program has been introduced that is a resident focused or person centred philosophy of care. It has six fundamental elements (or pillars) each of which provides a solid foundation through structure and directed project activity to enhance the residents and staff sense of worth. This program is exceptionally effective and is popular with all stakeholders including the residents.
- Staff skills and knowledge have been improved ensuring that they are commensurate with the changing resident acuity or changing service delivery requirements. For example, one staff member is undertaking leisure and lifestyle certificate IV training. Education has been provided to support all staff to deliver the “Sense of Worth” program. An innovative and interesting education program includes experiential learning through role reversal. Staff become a resident for a day. As well as gaining valuable insight into the world of the residents their feedback regarding their experiences has been used to improve the “Sense of Worth” program through changed practises.
- The Aged Care Rights Service (TARS) have conducted presentations on residents’ rights and responsibilities for staff and residents.
- A number of strategies implemented have strengthened the management of elder abuse. For example, the mandatory reporting policy has been introduced. In addition, elder abuse education has been included in the mandatory training program and the staff and volunteer orientation programs.
- The resident activity and lifestyle program is reviewed and changed on an ongoing basis in accordance with residents’ needs and desires which are identified through the “Sense of Worth” program. The program focuses heavily on supporting residents to pursue group and relevant individual pastimes. For example, recent initiatives that have been well received by residents include the holding of the annual art and memorabilia show, caring for chooks, the tending of vegetable and flower gardens, entering of produce and flower displays in the 2009 Bathurst Show and the introduction of weekly movie nights at which residents enjoy the latest movies together with a chocolate coated ice cream at interval. Residents are nominated for and receive a “Citizen of the Year” Award. Four residents who received this award at a presentation ceremony in 2009 spoke about this experience with pride. A “This is Your Life” ceremony for one resident from each house is held

annually. The resident's life story is told via a presentation, a book or slide show at a special morning or afternoon tea. Regular longstanding favourite activities such as Christmas festivities, including a visit from Santa, and the weekly happy hour with a well stocked bar continue to be popular with residents. Welcome posters and gifts continue to be given to new residents on arrival. Residents' birthdays are celebrated by decorating their room door with happy birthday signs and balloons.

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 recommendation

Does comply

The results of the team's observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance pertaining to Residents' Lifestyle. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of responsiveness to a change in legislation is the action taken by the home to amend its practices in accordance with the Aged Care (Bond Security) Act 2006, Aged Care (Bond Security) Levy Act 2006 and the Aged Care Amendment (2005 measure No. 1) Act 2006 covering the management of bonds and arrangements for the repayment of bond balances. Catholic Health Care policy and procedures and resident agreements were amended to reflect these changes.

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 recommendation

Does comply

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.

Education sessions attended by staff that relate to this standard include but are not limited to elder abuse, code of conduct, emotional and spiritual well being, leisure and lifestyle, residents rights (TARS), residents' privacy and dignity, and confidentiality.

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 recommendation

Does comply

Macquarie Care Centre supports residents/representatives in adjusting to life in the new environment and on an ongoing basis. The results of the teams' observations, interviews and document review revealed that residents/representatives receive emotional support from management, care staff, domestic and recreational activity staff. Interviews with residents confirm the importance to them of these interactions. The team observed that residents' have personalised their rooms with family photos and personal items. Community volunteers and pastoral visitors also provide support for residents who do not have many visitors. The home provides rooms for couples if required. Life history information is collected, (as part of the

“sense of worth” program), and used to support the resident by enabling staff access to personal information about the resident’s life experiences and interests. Staff then uses the information to ensure the resident feels safe, supported and involved in their new home. The team observed examples of residents participating in individual activities that related to their past occupations and interests. The team observed staff to provide interactions and support to residents and encourage them to participate in the life of the home while respecting their independence. Residents/representatives interviewed expressed satisfaction with the support received not only during the settling in process but on an ongoing basis.

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 recommendation

Does comply

Residents are assisted to achieve maximum independence, maintain friendships and participate in community life within and outside Macquarie Care Centre. The results of the teams' observations, interviews and document review indicate that resident independence is maximised via the provision of activities, the community associations and other visitors to the home. Areas are available for residents to entertain family and friends and staff reports that residents are able to have family functions, such as, birthday celebrations within the home. Those residents able to mobilise have access around the home and the use of a secure outdoor enclosed courtyard for their enjoyment. Exercise and rehabilitation programs assist residents to improve mobility and/or be independently mobile. Electoral services are provided for those who wish to continue their civic responsibilities. Resident/relative meetings are conducted and residents and representatives confirmed that suggestions and problems are appropriately actioned.

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 recommendation

Does comply

Residents/representatives interviewed expressed a high level of satisfaction with respect to the privacy, dignity and confidentiality afforded them at Macquarie Care Centre. The results of the team's observations, interviews and document review supported the residents' views. The team observed staff members knocking prior to entering residents' rooms and speaking to residents in a respectful manner. Residents are accommodated in single and double bedrooms with ensuite facilities and there is a quiet room, lounge areas and garden areas where residents can entertain their guests. Residents were noted to be dressed appropriately for the day and season and attired in clean clothing. The home has policies in place relating to privacy and confidentiality, including staff signing a confidentiality agreement. The team observed resident records stored in locked offices and only accessible to authorised personnel.

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 recommendation

Does comply

On entry to Macquarie Care Centre, information relating to residents' social history and interests is obtained. This information informs the development of the recreational activity program, which is provided seven days per week. The program lists group activities and is displayed on resident notice boards. Information for the "sense of worth" program is also documented and includes favourite things, spiritual care, personal information about the resident, lifestyle and leisure information and significant memorabilia. This information is used to formulate the "sense of worth" care plan and to commence the "sense of worth" journal. Care staff are involved in the delivery of "sense of worth" activities which are incorporated into the daily care routine. Staff document in the journal to monitor resident interest in, and enjoyment of the program. Resident's individual activity needs are met and include activities such as saddle polishing, plaster of Paris mould making, having a section of garden to care for, knitting sacks for baby animals for WIRES and running a library service for other residents. Staff stated that they have increased job satisfaction since the "sense of worth" program has been introduced. Residents stated that their activity and social calendars are so full sometimes they haven't got time to go on a bus trip. The results of the team's observations, interviews and document review indicated that residents/representatives are very satisfied with the activities provided. A wide range of activities is offered including cultural activities and is reviewed depending on resident mix and feedback to ensure it meets the residents' current needs. The recreational activity officer documents the attendance of activities and programs are evaluated. Residents are able participate in the decisions regarding which activities are included. The home has a bus available for resident outings and appointments.

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 recommendation

Does comply

The results of the team's observations, interviews and document review indicate that residents are supported in their individual interests, customs, and cultural and spiritual beliefs. Religious services are held regularly and communion is provided to residents wishing to take it. Pastoral services are available to residents of all denominations and residents indicated their appreciation of the home's support emotionally as well as spiritually of themselves and the home's community in general. Events of cultural and religious significance are celebrated. Satisfaction surveys and resident feedback are used to evaluate the home's provision for and support of residents' cultural and spiritual lives. A memorial service is held yearly for residents, and both residents/representatives and staff appreciate the opportunity to participate. Funeral services are conducted in the home's chapel if required. Residents/representatives interviewed by the team confirmed that their spiritual needs are met.

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 recommendation

Does comply

Residents/representatives interviewed indicated that they are given the opportunity for input into the services provided at Macquarie Care Centre and are supported to exercise choice and control over their lifestyle. Resident choice and decision making is facilitated via the provision of information such as the resident handbook, the complaint mechanism, by staffs' approachability, one-on-one discussions and through resident/representative meetings. Residents are able to have choice of the times they are showered, which medical officer attends them, what they would prefer to eat and what times they wish to settle and rise. Staff stated that residents' choice not to participate in activities or undertake treatment is respected. Residents/representatives are offered the opportunity to discuss and plan end of life choices, but any decision not to do so is respected.

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 recommendation

Does comply

Macquarie Care Centre has put in place policies and procedures to ensure that residents have secure tenure within the residential care service and understand their rights and responsibilities. A resident agreement is offered to all residents at the time of entry to the home to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities and their security of tenure, levels of care provision and processes regarding termination of the agreement. The team's interviews indicated that residents/representatives are aware of their rights and responsibilities, and feel secure in their tenure.

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 recommendation

Does comply

The results of the team’s observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders.

For comments regarding resident and staff feedback and details of the system see expected outcome 1.1 Continuous improvement.

The home uses a range of quality activities including numerous stakeholder surveys and audits to measure its performance in relation to all expected outcomes in Standard Four of the Accreditation Standards. They include but are not limited to reviews and audits in areas covering resident satisfaction (includes hospitality services such as catering, cleaning and laundry), workplace safety, hazards, accident/incidents, environment, manual handling, and infection control.

A review of the results of activities undertaken indicates that actions are being carried out that are resulting in improvement. Some examples of improvements made through the CI system are:

- Staff skills and knowledge have been improved ensuring that they are commensurate with the changing resident acuity or changing service delivery requirements. For example, staff have undertaken first aid training. All hospitality staff had attended food safety and/or infection control training.
- A number of improvements to the living environment have been carried out to support the home’s “Sense of Worth” program. Some of the major changes include the construction of numerous raised vegetable garden beds funded by the MCC Auxiliary. The Auxiliary considers this project to be one of their most satisfying and successful endeavours. Weather permitting the home’s residents are now seen planting, weeding, pruning, picking and watering. At the 2009 Royal Bathurst Show the residents won nine first and two second prizes for their produce and floral arrangements. A purpose built hen house and yard has been established next to the vegetable gardens. Residents feed chooks and collect eggs which they advised they sell to staff to buy more feed for the hens. Numerous bird feeding stations have been established in the grounds and can be viewed from the inside sitting areas. Funding has been received for the establishment of a men’s shed. A luxury spa centre has been established for residents in a large centrally located room. This spa area contains a spa bath and some sensory items including soothing music. Shelving attractively displays a collection of luxury lotions, potions and creams, and luxurious fluffy rolled up towels.
- A number of occupational health and safety initiatives implemented have improved staff and resident safety and well being. This includes the installation of push button devices that feed chemical sanitisers into washing machines and the development of safe work statements. A new chemical company has been appointed, new chemicals are in use and new material safety data sheets have been obtained.

- The implementation at Macquarie Care Centre of an incident management system (IRIMS) that monitors resident clinical indicators has enhanced the manager's ability to review trends and implement strategies. The incident reporting process is linked to a critical assessment scale which enables incidents to be assessed through risk management. Those with a high rating are escalated through the reporting processes within Macquarie Care Centre and Catholic Healthcare.
- A new fire safety training provider has been appointed to conduct staff education sessions. The first session is planned for November 2009.
- A number of initiatives have strengthened the home's infection control practises. For example, the home has implemented a food safety program in line with Food Safety legislation. The home's was certified as a licensed premise by the NSW Food Authority on 13 November 2008. The home's kitchen/serveries are yet to be audited by the Authority. Additional hand washing gel has been placed throughout the home. A sanitising washing detergent is now supplied for use in washing machines used to wash residents' personal clothing. This ensures that chemical cleaning and sanitising occurs.

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 recommendation

Does comply

Results of the team's observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of the home's responsive to legislative requirements is the assessment of the building using the 1999 Certification Assessment tool, which includes a mandatory minimum pass mark for fire and safety. In addition, a food safety program has been implemented in response to the introduction of the Food Safety Act, the home has passed its first audit undertaken by the NSW Food Authority and procedures have been implemented to comply with the Commonwealth's reporting requirements for missing persons including the need to report to the Department of Health and Ageing within a 24 hour period of reporting to the Police.

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 recommendation

Does comply

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.

Education sessions and activities that relate to this standard include but are not limited to manual handling (theory and practical), infection control (including outbreak management), fire safety training (theory and practical), occupational health and safety (including manual handling, risk assessment and management, hazard identification and committee training), first aid, use of equipment, chemical safety and food safety training. The majority of this training has been identified as mandatory and staff attendance is monitored. Staff

competencies are carried out in various areas including infection control, manual handling and fire safety.

4.4 Living environment

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

Team's recommendation

Does comply

The results of the team's observations, interviews and document review revealed that the home provides a safe and comfortable environment consistent with residents' care needs and expectations. For example, resident interviews revealed that residents are exceptionally happy with their living environment.

The design of physical environment supports the home's "Sense of Worth" program and pro-actively impacts on the ability of residents to maintain their quality of life through independence and involvement in activities that meet their needs. Residents reside in single and/or double rooms with ensuite bathrooms. Communal areas in each cottage, which include a kitchen, resident dining room and a lounge/television room are spacious aesthetically pleasing and appropriately furnished with home style furnishings. Residents also have access to a hairdressing salon, a health resort type spa room, a kiosk and a chapel. A comfortable climate is maintained via a central heating system, air conditioning and wall mounted fans in residents' rooms. Large windows enable natural light to enter the building and provide residents with views of the external environs. All four brick and timber federation style cottages have safe specially designed garden and courtyard areas with raised garden beds, bird feeding stations, gazebos and meandering pathways.

The safety of the environment is underpinned by the identification of the residents' care needs on admission as well as monitoring of their environmental needs on an ongoing basis. Environmental audits and the planned preventative and corrective maintenance systems are ensuring that the environment (grounds, building and equipment) is well maintained.

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 recommendation

Does comply

Management is actively working to provide a safe working environment that meets regulatory requirements. The results of the team's observations, interviews and document review revealed that this is achieved through a program of staff awareness, incident/accident/hazard reporting, risk rating of incidents/accidents/hazards and complaints, a functional OH&S committee and a workers compensation program, which includes an injury management and a staff return to work program.

In addition, the home employs a number of preventative strategies including compulsory education and competency testing, hazard management, the design of the building which provides for a safe work environment and the provision of suitable equipment to assist with lifting and minimise bending. For example, trolleys to transport goods. Staff reported they have access to adequate supplies of equipment and training to support them in safe work practices. Workplace safety inspections/ environmental audits are undertaken and remedial action has been taken to rectify hazards or risks identified.

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 recommendation

Does comply

The environment and safe work systems are minimising fire, security and emergency risks. The results of the team's observations, interviews and document review revealed that the safety and security of residents and staff is being protected by well publicised and clearly understood emergency and fire evacuation procedures plus fire warning and fire fighting equipment whose performance is regularly assessed against the relevant Australian Standard. The building has been assessed under the 1999 Certification Assessment Instrument and received a fire safety score which exceeds the mandatory minimum score of 19 out of 25. Emergency exits were clearly marked and free from obstruction. Fire prevention measures in place include education, competency assessment, environmental safety inspections, safe storage of chemicals, a program of electrical equipment checking and a no smoking policy with designated outdoor areas provided for staff and residents.

The security system includes staff lock up procedures, door alarms, movement sensor alarms, a closed circuit television system (CCTV) and outdoor security lighting. Staff wear identification badges which indicate that they are authorised to be on site and a sign in/sign out book is maintained for visitors and contractors. Emergency numbers are available and staff have access to phones that will operate in the case of electrical failure. All residents have access to emergency buzzers in their rooms, bathrooms and communal areas.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an effective infection control program in place. The results of the team's observations, interviews and document review revealed that the program incorporates an organisation-wide approach. This involves an infection control surveillance and reporting system, a hazard risk management system, a waste management system, a food safety program in the kitchen/servery's (including sanitisation of high risk foods), and appropriate disinfection methods in the home's on site laundry. Effective procedures for the management of outbreaks are in place. Preventative measures include education for all staff disciplines, an effective cleaning program and a staff and resident vaccination/immunisation program. In addition, appropriate equipment, staff practices and workflows are minimising the risk of cross infection. Staff associated with the provision of care, catering, and cleaning services demonstrated awareness of infection control as it pertains to their work area.

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 recommendation

Does comply

Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. The results of the team's observations, interviews and document review revealed that residents choose from a variety of fresh cook meals prepared in an offsite central kitchen. Meals are prepared in accordance with a four week seasonal rotating menu which provides excellent choice and has been approved by a dietician. Food and beverage is used to celebrate every occasion. The four individual house dining rooms are

comfortable, spacious and attractive residential style areas in which residents were observed to be enjoying their meals. Residents' likes and dislikes are identified and recorded on admission and monitored on an ongoing basis through the resident committee, a food committee, the comments and complaints system and resident satisfaction surveys. All residents/resident representatives interviewed were happy with the quality of the meals and confirmed that their likes and dislikes and special dietary needs are identified and met.

Planned cleaning programs, which are carried out by the contract cleaning staff, are ensuring that cleaning standards are maintained. All residents/resident representatives and staff interviewed confirmed that a clean attractive and hygienic environment is maintained at all times.

The laundry service employs effective systems for the storage, identification, laundering and delivery of linen and residents' personal clothing. Linen is sent to a contract laundry service and residents' personal items are laundered on site. All residents/resident representatives interviewed stated that they were happy with the laundry services provided. They confirmed that their personals were returned to them promptly in good condition.