



Aged Care  
Standards and Accreditation Agency Ltd

## **St Mary's Villa Nursing Home & Hostel**

RACS ID 0533

56 Burton Street

CONCORD NSW 2137

Approved provider: Trustees of Catholic Aged Care Sydney

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 14 June 2015.

We made our decision on 18 April 2012.

The audit was conducted on 20 March 2012 to 22 March 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  
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# Audit Report

**St Mary's Villa Nursing Home & Hostel 0533**

**Approved provider: Trustees of Catholic Aged Care Sydney**

## Introduction

This is the report of a re-accreditation audit from 20 March 2012 to 22 March 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 20 March 2012 to 22 March 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:	Dianne Gibson
Team member/s:	Fleur Hannen

## Approved provider details

Approved provider:	Trustees of Catholic Aged Care Sydney
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## Details of home

Name of home:	St Mary's Villa Nursing Home & Hostel
RACS ID:	0533

Total number of allocated places:	99
Number of residents during audit:	99
Number of high care residents during audit:	67
Special needs catered for:	Secure dementia

Street/PO Box:	56 Burton Street	State:	NSW
City/Town:	CONCORD	Postcode:	2137
Phone number:	02 8741 1400	Facsimile:	02 8741 1411
E-mail address:	admin@stmarysvilla.org.au		

## Audit trail

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

### Interviews

	Number		Number
General manager	1	Director of nursing (DON)	1
Deputy director of Nursing	1	Residents/representatives	26
Registered nurses (RN)	4	Educator	1
Property services and quality coordinator	1	Recreational activities officers (RAO)	3
Care staff	9	Laundry staff	2
Administration assistant	1	Cleaning staff	3
Catering staff	4	Pastoral worker	1
Physiotherapist	1		

### Sampled documents

	Number		Number
Residents' files	14	Medication charts	20
Summary/quick reference care plans	12	Personnel files	10
Resident agreements	8		

### Other documents reviewed

The team also reviewed:

- Clinical records electronic and manual system including, assessments, restraint forms, dietary preference forms, progress notes, weight charts, pain management flow charts, care plans, dressings charts, medical officers' progress notes, clinical orders
- Compulsory reporting register
- Continuous improvement plan, logs, audits, communications diaries, memos, satisfaction surveys of residents, relatives, meal quality and staff, resident representative improvement and suggestions sheets in nurses station
- Department of health and aging legislative amendments
- Dietary requirement and preference sheets and menus
- Education documentation including attendance records, training needs analysis, logs of practice, competency tests, resident specific education, mandatory training
- Emergency manual
- Fire safety and emergencies documentation including: flip charts, inspection records, annual fire safety certificate, emergency procedures, evacuation list of residents, register for visitors and contractors
- Food safety manual and food safety monitoring records, NSW Food Authority Licence and last HACCP review audit

- Human resources documentation including staff handbook, rosters, staff registrations, criminal history record checks, master copy position descriptions, performance appraisals
- Infection prevention and control: manual, outbreak information, contractor's audit report / action plan, infection surveillance data and monthly trending data
- Leisure and lifestyle documentation including individual activity records, bus trips, weekly programs, hairdressing, lists of entertainers
- Maintenance records: maintenance schedules, maintenance reports, thermostatic mixing valve records, pest control reports, environmental planning and assessment registration, certification review report, final occupation certificate, certification review report, service agreements, supply and service contracts
- Medications: electronic medication management system, incident folder, schedule 8 register, fridge temperature records, and self-medication documentation.
- Meeting minutes including medical advisory, clinical management, residents, general staff, workplace, health and safety, management,
- Mission, vision, values on display
- Monthly and quarterly management indicators
- New residents' enquiry pack and admission pack
- Newsletters Village Voice
- Physiotherapy care plans, individual physiotherapy treatment sheets
- Policies and procedures
- Work Health and Safety system including: environmental audits, incident/accident logs, hazard reports, electrical tagging and material safety data sheets

## **Observations**

The team observed the following:

- Administration and secure storage of medications
- Archiving area
- Charter of Residents' Rights and Responsibilities displayed at the home
- Complaints pamphlets in foyer
- Contractor and Visitors' sign in and out book at the front of the home
- Electronic information and static notice boards
- Emergency planning system
- Equipment and supply storage areas
- Infection control resources
- Interactions between staff and residents
- Leisure and lifestyle activities in progress
- Living environment including internal and external
- Lunch service in progress
- Material safety data sheets at point of use
- Medication rounds in progress
- Menus on display

- Mobility equipment including mechanical lifters, shower chairs, wheel chairs, and walkers
- Staff handover
- Staff work practices
- The Aged Care Standards and Accreditation Agency Ltd site audit notice displayed



## 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 pursues continuous improvement across the four Accreditation Standards through improvement plans, audits, surveys, meetings, comments and complaints, improvement logs, hazard and risk assessments, staff education and accident/incident reporting. Staff could identify some of the above systems for continuous improvement and sometimes make suggestions for improvement. Residents/representatives confirm that they have input into the improvements and are aware of improvements being made. Recent improvements relating to Accreditation Standard One include:

- In the past three years the home has been planning, building and transferring their business to a new purpose built facility in the same street adjacent to the parish church and school. The last twelve months has been consolidating the transfer of residents and managing the increased number of residents. Resident/representative feedback is very positive about the new accommodation and the actual process of transfer.
- As a result of many ongoing resident complaints about food the home went through a process of negotiating with their cook chill external contractor to gain modifications to the menus. When this was not satisfactory the home went to the market to find an external contractor to provide fresh cooked meals on site tailored to resident requirements. Feedback from residents/representatives is positive.

#### 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

St Mary's Villa has systems and processes in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home is a member of an industry peak body which provides ongoing information about industry issues and regulatory changes. Additionally the home receives circulars from the Department of Health and Ageing, the Aged Care Standards and Accreditation Agency and other related government and non-government agencies. The general manager receives this information and communicates it to staff through memos, staff meetings and training sessions where necessary. Policy review and development occurs routinely and as required. Examples of compliance with regulatory requirements specific to Standard one include:

- The home has systems for collecting and monitoring police checks and statutory declarations for staff.

- A mandatory reporting register for elder abuse and a missing persons register and education on both for staff.

### **1.3 Education and staff development:**

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

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

The home meets this expected outcome

The home has systems in place to ensure management and staff have appropriate knowledge and skills to perform their roles. An annual training needs analysis has been undertaken by the newly appointed educator from staff requests, staff appraisals, and residents' care needs. The annual education calendar has been drafted from this information and mandatory requirements. Staff are supported in attending internal and external education programmes which cover all areas of the four Accreditation Standards. Suppliers of resources like the continence and chemical suppliers provide specific education to staff. An orientation program is provided to all staff on employment, and includes fire, manual handling and mandatory reporting which are compulsory. Training attendance and competency records are kept and residents stated that staff provide appropriate care for their needs. Recent examples of Standard one Management systems, staffing and organisational development education include:

- Electronic systems training
- Legal and professional issues for registered nurses

### **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 stakeholders have access to internal and external avenues of comment and complaint. The home's process is to log comments and complaints in the register. These are then actioned, tracked through to resolution and analysed by management. Residents/representatives have access to the managers at all times and some make complaints verbally. The home has information about comments and complaints mechanisms included in the resident handbook provided to residents/representatives at the time of entry to the home. Resident/representative meetings are held regularly and with resident surveys provide alternative avenues for complaints. The home instigated a specific process to monitor complaints about food in order to resolve major issues. Many residents/representatives stated that management is approachable and act on issues brought forward.

### **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

St Mary's Villa has documented its vision, values, philosophy, objectives and commitment to quality and it is displayed in the facility. The home's commitment to quality is evident through its policies, procedures and other documents that guide the practices of management and staff. Management review the home's vision, values, philosophy, objectives and commitment to quality. Management meet at an organisational level for planning and leadership support. Residents/representatives expressed confidence in the leadership of the home.

### **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 ensures that there is 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. The home has human resources systems which include recruitment, qualifications, staff rosters, induction and orientation, position descriptions, training, performance appraisals and occupational health and safety. The home has low turn over and has had no difficulty in recruiting registered nurses, care staff and ancillary staff except for a qualified diversional therapist. They are currently advertising again for this position. A casual staff pool fills unplanned absences and there is little need for agency staff. Residents/representatives are satisfied with the level and competency of staff and their ability to meet residents' care and service needs. Staffing levels and rostering is set and monitored to meet the demands of residents taking into consideration regulatory requirements, occupancy levels, resident needs, and the changing environment in which the home operates.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

There is a comprehensive system to manage corrective and preventive maintenance in the home to ensure all equipment is regularly checked and serviced. The home and the group has procedures in place for trialling, purchasing and replacing necessary equipment for use in various functional areas. Staff commented that they receive education in the use of new equipment. The team observed storerooms and functional areas such as staff areas, clinical areas, and the kitchen, to be adequately equipped, stocked, and maintained. Staff advised the team that there were sufficient supplies of equipment and consumable products for them to perform their job roles effectively. Staff and residents/representatives reported that there is sufficient and appropriately maintained equipment and stocks of goods.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

The home has effective information management systems in place including creation, storage, archive and disposal of documentation. There is an extensive database of information to help staff perform their roles in relation to management systems, health and personal care, resident lifestyle and the maintenance of a safe environment. Residents/representatives have access to information appropriate to their needs to assist them make decisions about residents' care and lifestyle. The home has many noticeboards for daily activities, newsletters and other information. Residents/representatives stated that the home keeps them informed on a regular basis through phone calls and when visiting, when an incident occurs, or if there is a change in care needs of residents. Information is stored appropriately for its purpose. Staff sign a privacy statement to ensure the confidentiality of resident information and generally confidential material is stored securely. The approved provider has electronic systems which include internet communication, policies and procedures, and human resource information.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

All externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. Some external suppliers have service agreements which are negotiated by the home. The approved provider group is looking to gain efficiencies through bulk purchasing to benefit the five homes in the group in the future. Management and residents expressed their satisfaction with the products and services currently supplied to the home from external sources. Suppliers of external professional services have their registration and police check on file with their agreements or other documentation. A regular review of suppliers is undertaken to ensure the products/services and procedures are appropriate, efficient and continue to meet the residential care service's needs and service quality goals.

## **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

The home's ongoing commitment to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Accreditation Standard Two: Health and personal care. Management demonstrated results that show improvements in health and personal care and their responsiveness to the needs of residents, representatives and stakeholders. Some results achieved relating to Accreditation Standard Two includes:

- As a result of increased resident needs the home has extended the hours of the physiotherapist to eight hours a day for four days a week. The new home's well equipped mobility gym was in use on each of the three days of the site audit and resident/ representative feedback on this facility is very positive.
- The home has purchased a medication specific fridge to ensure medications are maintained in an ideal state for residents' needs'. The new fridge has more stable temperature control and this is monitored regularly.

### **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 ongoing commitment to regulatory compliance, described in expected outcome 1.2 Regulatory compliance, operates across the four Accreditation Standards, including Accreditation Standard Two: Health and personal care. The home receives and disseminates regulatory information in relation to expected outcomes under Standard two. Policies and procedures related to health and personal care reflect regulatory requirements. Staff practices relating to health and personal care are monitored to ensure they comply with the policies and procedures. Examples of regulatory compliance related to this Standard include:

- The home monitors the annual registration of registered nurses and a physiotherapist employed by the home and supports their requirements for education and training to maintain their registration. It also monitors registrations for all allied health professionals like doctors, physiotherapists, podiatrists and others.

### **2.3 Education and staff development**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. The team verified that a range of programs have been attended in relation to health and personal care. Some examples include:

- Pain management, Contenance management
- Certificate IV in Aged care
- Medication management, poly-pharmacy and psychotropic medication
- Behaviour management, Parkinson’s disease and osteoporosis

### **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 a system in place to assess residents on entry, implement, evaluate and communicate the residents’ clinical care needs and preferences. The review of residents’ files demonstrated that the home assesses the residents’ clinical care needs on entry and updates care plans in collaboration with the relevant health professionals every three months. The home uses assessment tools and evidence based interventions to meet the ongoing needs of the residents. Residents/ representatives expressed satisfaction with the care provided by the home. The provision of care is monitored via audits, surveys, collection of data and the comments and complaints mechanisms. In an emergency residents are transferred to hospital by ambulance. The aged care triage team from the nearest hospital is available to the home to assess residents care needs prior to transferring them to hospital and thus reduce the incidence of hospital admissions.

### **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

There are systems in place to identify and meet residents’ specialised nursing care needs. Residents’ specialised nursing care needs are identified and managed by appropriately qualified staff. The home has processes in place for staff to consult with internal resource staff (such as a physiotherapist) and external specialists (such as a wound clinic, a palliative care community nurse and a psychogeriatrician). Staff have the knowledge and skills to assess, manage and evaluate specialised nursing care. The home monitors staff practices and provides education that includes specialised nursing care. Residents/representatives confirmed that they are satisfied with the home’s specialised nursing care.

## **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

The home has an effective system to refer residents to health services including choice of doctor and allied health services to meet the residents’ needs and preferences. Residents’ needs are assessed on entry and referrals are planned, documented, communicated and followed up by staff. Staff have a good understanding of the referral process and the procedure to assist residents to access appointments with external health and related services. Resident/representatives confirmed that the home informs and supports them to access health specialists. Residents/representatives stated that they are satisfied with the home’s referral process to other health and related services.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

The home has an effective system to manage residents’ medications safely and correctly. The home has policies and procedures in place, and medication audits are carried out and reported to the home’s quality improvement forums. Medications are reviewed regularly and adjusted accordingly in consultation with residents/representatives. Observation confirms that the home has an electronic medication management system for dispensing medications, safe storage of medications and appropriately qualified staff to manage medications. Residents who self-administer medications are assessed for their competency to do so. Regular education and competency assessments are undertaken for staff on medication management. Staff confirmed that practices are consistent with policies and procedures and incidents are reported, followed up and linked into the home’s continuous improvement system. Residents/representatives confirmed that they are satisfied with the way the home manages residents’ medications.

## **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 is able to demonstrate pain management systems support all residents to ensure they are as free as possible from pain. The home’s pain management system includes residents’ pain scale assessment forms and pain management flow charts. These documents were identified as being completed in some cases and progress note entries provided additional information in other cases. As a result residents’ pain levels are monitored and reviewed in a timely manner to ensure residents are as free as possible from pain. Documentation reviewed identified the doctors’ visit and review residents pain management on a regular basis.

## **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 policies and procedures to guide staff in the provision of palliative care and implements individual end of life wishes to meet residents’ care needs with dignity and comfort. Staff have the knowledge and skills to care for palliative residents and if required they have after hours access to medical and spiritual support. The home seeks palliative care advice from external community nursing staff and the local hospital service to ensure best practice. The home has access to specialist care equipment to meet the needs and preferences of palliative care residents. Residents/representatives confirmed that they are satisfied with the care and the emotional and spiritual support given to end of life issues. They are also content with the home’s approach to maintaining residents’ comfort and dignity.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system in place to ensure regular monitoring and updating of residents’ nutritional and hydration status, and specific needs and preferences (including awareness of cultural, religious, allergies and medical requirements). Special diets, dietary supplements, extra fluids, and appropriate referrals are provided for residents as required. Residents/representatives express satisfaction with meals and confirm they are able to have input into menus via resident meetings, feedback mechanisms and directly approaching management. They also stated that they are able to have a choice of meal and that their dislikes and preferences relating to meals are accommodated. Residents are encouraged to maintain hydration with drinks provided at meal times, together with morning, afternoon tea and supper. In hot weather additional fluids are supplied and encouraged. Staff advised special cutlery and crockery is provided as necessary for residents assessed as needing extra assistance.

## **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 policies and procedures in place to maintain residents’ skin integrity consistent with their health. Residents’ skin care needs are assessed on admission and at regular intervals. This information is documented and communicated in the residents’ care plans. The assessment and care plan process is completed in consultation with the doctor and other relevant health professionals. Staff know how to assist residents to care for their skin and they record skin irregularities and report incidents. The home has procedures to identify and monitor residents at risk of impairment to skin integrity and interventions and aids to protect skin integrity. Residents/representatives confirmed that they are satisfied with the skin care provided at the home. A podiatrist and hairdresser attend the home regularly.



Immobile nursing home residents are regularly taken into the courtyard to ensure that they have some exposure to the sun to assist in maintaining vitamin D levels.

## **2.12 Contenance management**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system in place to ensure that residents’ continence needs are effectively managed. Continence is managed through initial and ongoing assessments and individualised care plans with input from other appropriate health professionals. The residents’ continence interventions are regularly monitored and evaluated for effectiveness and changes communicated to staff. The home has appropriate continence aids to meet the residents’ needs and preferences. Staff understand the residents’ continence needs and preferences, and have access to internal resource staff and external continence specialist services. Residents/representatives state general satisfaction with care, inclusive of continence management and there were no offensive odours present during the site visit.

## **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 has systems in place to effectively manage the needs of residents with challenging behaviours. This includes initial and ongoing assessment of residents’ general and specific behavioural needs and the development of a care plan to address them. The home is secure with key pads provided on external egress routes to the dementia specific unit. Episodes of challenging behaviour are recorded, monitored closely and evaluated regularly. This determines the effectiveness of interventions used and identifies the need for further strategies to be developed. A psychogeriatrician is available as required to assist with planning and evaluation of behaviour management programs. The home was calm during the site audit and staff members implemented strategies to manage residents’ behaviours. Residents/representatives expressed satisfaction with the care provided including the manner in which residents with challenging behaviours are managed. The home only uses physical restraint as a last resort for resident safety. Psychotropic medication use is monitored and generally only prescribed for diagnosed clinical conditions

## **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 policies and practices in place to support residents to maintain an optimum level of mobility and dexterity. The physiotherapist does mobility and dexterity assessments and interventions are communicated in the residents’ care plans. The care plans are developed and reviewed regularly in collaboration with residents/representatives and appropriate health professionals. The home has a falls prevention program in place and there are adequate mobility and independent living aids available to meet the residents’

needs and preferences. The program is assessed through audits, monitoring of staff practices, regular review of residents' care plans and reporting and analysing the incidences of falls. The residents were observed participating in activities designed to optimise their mobility and dexterity such as gentle exercises. Residents/representatives confirmed that they are satisfied with the care provided to maintain and enhance mobility and dexterity. Aids to dexterity such as special plates and cutlery are provided if required.

### **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

On entry to the home residents' oral and dental health is assessed and there are systems in place to ensure that their oral and dental health is maintained. The oral and dental health of residents is assessed on entry in consultation with residents, and communicated to staff in residents' care plans and progress notes. The home has policies and processes to regularly monitor and review residents' ongoing oral and dental health needs and facilitate referrals to appropriate health professionals such as dentists and dieticians. Staff have the knowledge and skills to deliver care consistent with the residents' oral and dental needs and preferences. Residents/representatives confirmed that they are satisfied with the oral and dental care provided by the home.

### **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 a system to ensure that residents' sensory losses are generally identified and managed effectively. An audiologist, optometrist and speech therapist visit the home. The strategies used by the home to manage residents' specific sensory losses include the maintenance of their sensory aids including the cleaning of glasses, fitting of hearing aids and replacement of hearing aid batteries. The home has a sensory program for residents which include massage therapy and a variety of activities facilitated by the lifestyle team. These therapies and activities are monitored and evaluated to ensure they meet the individual needs and preferences of residents. Residents/representatives demonstrated that they are satisfied with the home's management of the residents' sensory needs.

### **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

The home has a system to support residents to achieve their natural sleep patterns. The home assesses sleep patterns in consultation with doctors, residents/representatives, and with consideration for related pain and behaviour management issues. Care plans are developed in line with the home's policy to communicate the residents' sleep needs and preferences. Staff are aware of residents' sleep patterns and strategies to assist residents who have difficulty sleeping. Residents/representatives confirmed that they are satisfied with the home's approach to achieve natural sleep patterns for residents.

### **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

St Mary’s Villa demonstrated commitment to continuous improvement, described in expected outcome 1.1 Continuous improvement which operates across the four Accreditation Standards, including Accreditation Standard Three: Resident lifestyle. Management demonstrated results that show improvements in Accreditation Standard Three resident lifestyle and their responsiveness to the needs of residents/representatives and stakeholders. Recent results achieved include:

- A cafe has been opened in the foyer which is used extensively by residents/representatives and provides a social gathering place and a venue for families and staff to buy coffee and cakes.
- The resident library has been equipped with computers for residents’ use and the home provides lessons so residents are able to maintain email contact with their relatives and friends. Resident/representatives expressed appreciation for this service particularly the use of the visual and vocal contact program (Skype).

#### **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 ongoing commitment to regulatory compliance, described in expected outcome 1.2 Regulatory compliance, operates across the four Accreditation Standards, including Accreditation Standard Three Resident Lifestyle. Examples of regulatory compliance related to Standard Three include:

- All residents/representatives are provided with a resident agreement in line with government requirements, which they can choose to sign.

#### **3.3 Education and staff development**

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

##### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. The team verified that a range of programmes have been attended in relation to resident lifestyle. Some of these include:

- Two recreational staff are doing the certificate IV in leisure and lifestyle
- Dementia care
- A consultant diversional therapist provided eight weeks of meetings, advice and training for the three recreation staff
- Barista training for café staff

### **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

The home stated that each resident receives support in adjusting to life in the new environment and then on an ongoing basis. At the time of entry to the home a social history is obtained as is appropriate to the individual resident or their family. This includes relevant information on the resident's likes and dislikes, life history and spirituality. Residents are provided an orientation to the home, its environment and introduced to other residents and key staff. Activity staff ensure residents are welcomed, introduced to the activity program and provided with one-on-one support as required. Volunteers provide residents with ongoing support and visits. Residents were observed in a number of settings enjoying each other's company. Residents said that staff and volunteers provide very good emotional support and help to provide a home like environment.

### **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

The home encourages residents to be as independent as they are able, to maintain friendships, and participate in life both within and outside of the home. Residents report a high level of satisfaction with the opportunities available to them to participate in the life of the community. Residents advised the team that they are encouraged to entertain their visitors at the home. Regular resident meetings are conducted where residents/representatives can express their views. Residents are able to be as independent as they wish and are able to maintain contacts and participate in activities within and outside the home. Staff facilitate resident participation in the life of the community, for example, through attendance at the services of the adjacent church and the arrangements with the adjacent school. Residents are able to decide whether they wish to remain on the electoral roll and assistance is provided to them to vote if they wish to do so.

### **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 recognises and respects each resident's right to privacy and dignity through the identification of residents' care needs, care planning, and staff practices. For example, each resident's preferred name is identified on entry to the home and included in the resident care plan. The provision of single rooms with en suites for most residents enhances privacy for them. Staff described strategies for maintaining respect for residents' privacy and dignity including closing doors when providing treatments in residents' rooms. Most staff also demonstrated an awareness of the need to maintain the confidentiality of resident information. Residents/representatives expressed satisfaction with the way staff respect and maintain residents' privacy, dignity and confidentiality.

### **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 are encouraged and supported to participate in a wide range of games, entertainment and activities of interest to them. The leisure and lifestyle programme includes the use of a social profile, an activities care plan, monitoring of individual resident's activity attendance, resident feedback and staff observations. The programme offers a wide range of activities conducted in groups' and one to one sessions. The participation of residents in activities during the site visit was often spontaneous and residents were enjoying a significant number of activities throughout the three day visit. The activity program currently includes bus trips, shopping trips, exercises, movies, bingo and happy hour. There are activities specific to the needs of residents with challenging behaviours, sensory loss and limited mobility. Residents who tend to isolate themselves are visited by the activities and care staff and are encouraged to attend group activities. Residents/representatives indicate they are encouraged and supported to participate in activities of interest to them and are satisfied with the range of activities provided.

### **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

Residents' cultural and spiritual needs are fostered through the identification and communication of residents' individual language, customs, religions and ethnic backgrounds during the home's assessment processes. The majority of residents come from an Anglo-Australian background. The home recognises and celebrates culturally specific days consistent with the majority of residents residing in the home. The organisation has specific links with the catholic parish community which manages the home. The activities officers maintain a list of visiting organisations and spiritual ministers who may be called to visit a resident. The home has regular religious services of catholic mass and communion as well as a prayer group. The recreation staff have accessed magazines and books for residents

with English as a second language through the local library. Residents generally reported that their cultural and spiritual needs were being 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 findings**

The home meets this expected outcome

Residents/representatives are enabled and supported to participate in decisions about the care and services provided. Staff and management at the home keep the residents/representatives informed of choices available to them. Residents/representatives are advised of their rights through the information provided in the resident agreement and the resident handbook. Mechanisms are available to enable residents/representatives to have input into the care and services including resident/relatives meetings, family case conferences, surveys, comments and complaints mechanisms, and management's 'open door' policy. Examples of residents' choices for care and services include choice of participation in activities, of medical officer, of personal items in rooms, of timing of personal care and of drinks during happy hours. Resident/representative interviews demonstrated that processes are in place to support them to exercise choice and control over the care and services provided within the home.

### **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 put policies and procedures in place 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, a 'cooling off' period, prudential provisions, levels of care provision and processes regarding termination of the agreement. The agreement has recently been reviewed and updated. 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 findings**

The home meets this expected outcome

The home’s commitment to continuous improvement outlined under expected outcome 1.1 Continuous improvement operates across the four Accreditation Standards, including Accreditation Standard Four: Physical environment and safe systems. Management demonstrated results that show improvements in physical environment and safe systems and their responsiveness to the needs of residents/representatives and stakeholders. Some results achieved include:

- As a result of the increasing acuity of residents the home has purchased two more alternating mattresses. The monthly data of key indicators has substantiated this purchase with the reduction in pressure areas and bed sores.
- As a result of a grant from the division of general practice the home has created a wind resistance roof top garden for residents with dementia. The plants all thrive in the hot exposed environment and residents use this space daily for exercise, activities and as an extension of their living space.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2, encompass all four Accreditation Standards, including this Standard. Examples of regulatory compliance related to Standard Four include:

- The annual fire statement is posted at the home
- The annual NSW Food Authority licence is posted at the home
- Material safety data sheets are kept at point of use

### **4.3 Education and staff development**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. The team verified that a range of programmes

have been attended in relation to physical environment and safe systems. Some of these include:

- The home has compulsory education for all staff in manual handling, fire safety and evacuation, and mandatory reporting.

#### **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 home provides a safe and comfortable environment consistent with residents' care needs and expectations. For example, resident/representative revealed that they are happy with the quality of the living environment. Residents predominantly live in single en suite rooms. All communal areas are comfortably furnished. They include resident satellite dining, lounge and activities areas. A comfortable climate is maintained within the buildings. Large windows and doors provide residents with views of the external environment. The home has extensive well maintained landscaped gardens and paved garden courtyard areas that are accessible to residents. The safety of the environment is underpinned by the identification of the residents' care needs on admission as well as monitoring 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 findings**

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. This is achieved through a program of staff awareness, incident/accident/hazard reporting, risk assessment and a functional workplace health and safety (WHS) committee. There is also a workers' compensation program which incorporates an injury management and staff return to work program. In addition the home employs a number of preventative strategies including compulsory education, hazard management and the provision of suitable equipment. This assists with lifting and minimises bending, for example electric lifters and fully adjustable beds. Staff have access to workplace safety training and to adequate supplies of equipment. Workplace safety inspections/ environmental audits are undertaken and remedial action is undertaken 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 findings**

The home meets this expected outcome

The environment and safe work practises are minimising fire, security and emergency risks. This is achieved through well publicised and clearly understood emergency and fire



evacuation procedures, plus fire warning and fire fighting equipment. The performance of this equipment is regularly assessed against the relevant Australian Standard. The 1999 Certification Assessment Instrument exceeded the mandatory minimum score of 21.63 out of 25 for fire safety. Emergency exits are clearly marked and free from obstruction. Fire prevention measures in place include education, environmental safety inspections, safe storage of chemicals, a program of electrical equipment checking and tagging, and a no smoking policy with designated outdoor areas provided for residents and staff. Staff wear identification badges authorising them to be on site. A sign in/sign out book is maintained for staff, visitors and contractors. Emergency numbers and phones system are available to staff to call for assistance. All residents have access to emergency buzzers in their rooms, bathrooms and communal areas. Resident/ representatives and staff interviewed expressed satisfaction with the safety of the home and an understanding of their role in the event of an emergency.

#### **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 prevention and control program in place. The program incorporates an organisation-wide approach. This includes the infection control surveillance and reporting system, a hazard risk management system and a waste management system. There is a food safety program in the kitchen. There are appropriate linen handling and sanitisation processes for laundry. Procedures for the management of outbreaks are in place. Preventative measures include 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 an 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 findings**

The home meets this expected outcome

##### **Catering**

The home contracts its catering service to a specialised hazard alert critical control point (HACCP) certified contractor. All contract staff are able to participate in training programs held at the home. Meals are prepared to a fresh cook formula on a five week seasonal rotating menu with a wide range of choice and variety. Resident preferences, food dislikes and allergies are listed in the kitchen and a system is in place for updating this information. Meals are provided to residents with special diets such as diabetic, gluten free, texturing of meals and thickening of fluids. A dietician is available for consultation on particular needs of residents and reviews the menu every six months. Residents have input into menus, their likes and dislikes are recorded and monitored on an ongoing basis through the resident feedback process. Residents/representatives interviews confirmed that their likes and dislikes, special dietary needs and expectations in relation to the quality and quantity of meals are identified and met.

##### **Cleaning**

The living environment is clean and very well presented. The cleaning staff demonstrate a

working knowledge of cleaning. Chemicals used in the home are securely stored, and material safety data sheets are available and accessible. Colour coded cleaning equipment and personal protective equipment is in use in all areas and the cleaner's trolley and room are kept locked when unattended. Residents/representatives are happy with the high level of cleanliness throughout the home.

### **Laundry**

The laundry service employs effective systems for the storage, identification, laundering and delivery of linen and residents' personal clothing. Residents/representatives confirmed that they are satisfied with the laundry services provided at the home. They confirmed that their personal items are returned to them promptly and in good condition. Laundry staff are very knowledgeable of the system to reduce loss of personal clothing, manual handling practices to reduce and prevent injury and operating processes in accordance with the home's infection control policy. Chemicals are automatically dosed into the machines and sanitisation is part of this process.