

Macquarie Lodge Aged Care Plus Centre

RACS ID: 0006

Approved provider: The Salvation Army (NSW) Property Trust

Home address: 171 Wollongong Road ARNCLIFFE NSW 2205

|  |
| --- |
| 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 05 April 2021.We made our decision on 12 February 2018.The audit was conducted on 02 January 2018 to 04 January 2018. The assessment team’s report is attached. |
| We will continue to monitor the performance of the home including through unannounced visits. |

# Most recent decision concerning performance against the Accreditation Standards

## Standard 1: Management systems, staffing and organisational development

### Principle:

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

1.1 Continuous improvement Met

1.2 Regulatory compliance Met

1.3 Education and staff development Met

1.4 Comments and complaints Met

1.5 Planning and leadership Met

1.6 Human resource management Met

1.7 Inventory and equipment Met

1.8 Information systems Met

1.9 External services Met

## Standard 2: Health and personal care

### Principle:

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

2.1 Continuous improvement Met

2.2 Regulatory compliance Met

2.3 Education and staff development Met

2.4 Clinical care Met

2.5 Specialised nursing care needs Met

2.6 Other health and related services Met

2.7 Medication management Met

2.8 Pain management Met

2.9 Palliative care Met

2.10 Nutrition and hydration Met

2.11 Skin care Met

2.12 Continence management Met

2.13 Behavioural management Met

2.14 Mobility, dexterity and rehabilitation Met

2.15 Oral and dental care Met

2.16 Sensory loss Met

2.17 Sleep Met

## Standard 3: Care recipient lifestyle

### Principle:

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

3.1 Continuous improvement Met

3.2 Regulatory compliance Met

3.3 Education and staff development Met

3.4 Emotional Support Met

3.5 Independence Met

3.6 Privacy and dignity Met

3.7 Leisure interests and activities Met

3.8 Cultural and spiritual life Met

3.9 Choice and decision-making Met

3.10 Care recipient security of tenure and responsibilities Met

## Standard 4: Physical environment and safe systems

### Principle:

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

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



Audit Report

Name of home: Macquarie Lodge Aged Care Plus Centre

RACS ID: 0006

Approved provider: The Salvation Army (NSW) Property Trust

# Introduction

This is the report of a Re-accreditation Audit from 02 January 2018 to 04 January 2018 submitted to the Quality Agency.

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

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

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

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

During a home’s period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

# Assessment team’s findings regarding performance against the Accreditation Standards

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

* 44 expected outcomes

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 02 January 2018 to 04 January 2018.

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

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

# Details of home

Total number of allocated places: 139

Number of care recipients during audit: 124

Number of care recipients receiving high care during audit: 122

Special needs catered for: Memory support unit

# Audit trail

The assessment team spent 3 days on site and gathered information from the following:

## Interviews

| Position title | Number |
| --- | --- |
| Centre manager | 1 |
| Care manager | 1 |
| Operation support manager (head office) | 1 |
| Clinical governance manager (head office) | 1 |
| Area manager (head office) | 1 |
| General manager (head office) | 1 |
| Chief operations officer (head office) | 1 |
| Care co-ordinator | 5 |
| Care recipients/representatives | 27 |
| Director of mission / chaplain | 2 |
| External pharmacist | 1 |
| Physiotherapist | 1 |
| Registered nurse | 3 |
| Endorsed enrolled nurse | 1 |
| Care staff | 21 |
| Lifestyle coordinator | 1 |
| Lifestyle assistant | 1 |
| Property services manager | 1 |
| Operations director (catering contractor) | 1 |
| Cleaning contractor management staff | 1 |
| Dietitian | 1 |
| Laundry staff | 3 |
| Catering staff | 3 |
| Cleaning staff | 2 |
| Maintenance officer | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ files | 13 |
| Summary and/or quick reference care plans | 13 |
| Medication charts | 18 |
| Personnel files | 5 |
| Care recipient residential agreements | 5 |
| Risk/ hazard assessments | 5 |

**Other documents reviewed**

The team also reviewed:

* Accident and incident reports
* Behaviour management: monitoring charts, behaviour management plans, mental health team referrals and reports, behaviour incident reports, restraint assessments and authorisations
* Care recipient room listing
* Cleaning and laundry schedules and records
* Clinical care: bowel charts, blood glucose level monitoring, continence management, meals and drinks, weight monitoring, wound management/dressings, pain charts, incident reports, medical officer’s directives of care, case conferences, electronic care documentation
* Contractor register, police checks and insurance certificates of currency
* Education records: education calendars, attendance records, competency assessments and individual training records
* Firefighting and safety equipment documentation and test records, certificate of testing – contractors statement, certificate of compliance, fire hydrant flow test, emergency procedure manual, emergency response plan, disaster recovery procedure,
* Food safety program and logs: equipment and food temperatures, sanitising, receipt of goods, cleaning, pest inspections
* Human resource management documentation: staff roster, rostering spreadsheets employee orientation checklist, staff performance review documentation, staff code of conduct documentation, staff handbook, position descriptions and duty statements
* Infection control: surveillance data, infection control guidelines, vaccination registers for care recipients and staff, resources, outbreak management manuals and kits
* Information system documentation: policies and procedures, flowcharts, meeting minutes, handover record, admission and information pack including care recipient information handbook, communication diaries, memoranda, notices, survey results, contact lists, organisational information
* Leisure and lifestyle: social profile assessments and care plans, activity program, attendance sheets, evaluations, photos
* Maintenance documentation: electronic maintenance program, preventative maintenance schedules, inspection reports, maintenance and approved supplier documentation, maintenance service reports and warm water temperature check records, pest control reports, legionella species reports, maintenance request logs, environmental audits
* Medication management: medication advisory committee terms of reference and meeting minutes, registers of drugs of addiction, refrigerated medication storage records, medication policies and procedures, emergency and PRN medications, nurse initiated medications, external clinical pharmacy reviews and associated reports
* Nutrition and hydration: food preference lists, specialised dietary requirements, menus, dietician reviews, nutritional supplement charts
* Quality management system: Mission, Vision, Values statements, meeting terms of reference, audit schedules, audit results and reports, clinical indicator results, continuous improvement plan, comments and complaints,
* Regulatory compliance documentation: contractor auditing process, incident management reporting system includes reportable incidents, staff, contractor and volunteer criminal record check reporting system, NSW Food Authority Licence, professional registration records, electrical equipment inspection records and consent forms for the collection and handling of private information
* Self-assessment report for re-accreditation and associated documentation
* Work health and safety system documentation: incident and hazard reports, risk register, work health and safety documentation, safety data sheets, risk assessment documentation, workplace inspection checklists including work health and safety and maintenance aspects,

**Observations**

The team observed the following:

* Australian Aged Care Quality Agency Re-accreditation audit notices displayed throughout the home
* Activities in progress and associated resources and notices
* Care recipients utilising pressure relieving mattresses, hip and limb protection equipment
* Charter of Care Recipients' Rights and Responsibilities displayed
* Dining environment during midday meal service and morning and afternoon teas including staff serving meals, supervision and assisting care recipients
* Clinical information noticeboards in treatment rooms
* Electronic and hardcopy documentation systems
* Equipment and supplies storage
* Fire panel, fire-fighting equipment, new water pump engine, emergency exits, emergency evacuation diagrams, emergency response guide flipcharts, annual fire safety statement, emergency evacuation boxes, assembly points
* Infection control resources including hand washing facilities, hand sanitising gel, colour coded and personal protective equipment, sharps containers, spills kits, outbreak management supplies, pest control and waste management systems
* Interactions between staff, care recipient/representatives
* Internal and external complaint mechanisms and feedback processes, feedback form box
* Leisure and lifestyle program displayed
* Living environment internal and external
* Medication administration and storage
* Menu on display, meal and beverage service
* Mobility equipment in use including mechanical lifters, walk belts, wheel chairs, shower chairs, low-low beds and hand rails in corridors
* Information noticeboards: posters, notices, brochures and forms displayed for care recipients, representatives and staff, resident meeting minutes
* Nurse call system in operation
* Photographs of care recipients participating in exercise and lifestyle programs
* Privacy policy displayed
* Secure storage of care recipients' clinical files
* Sign in/out registers, lanyard access
* Short group observation dementia specific unit
* Staff handover
* Staff work practices and work areas including administrative, clinical, lifestyle, catering, cleaning, laundry and maintenance

**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 services, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

### 1.1 Continuous improvement

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

**Team’s findings**

The home meets this expected outcome

The home utilises a continuous improvement system which includes a quality management system and performance review mechanisms. Improvements are identified through a number of avenues including care recipient/ representative meetings, staff meetings, audits, surveys, and review of clinical data. The home also utilises surveys, benchmarking, suggestions, incidents and staff performance appraisals. Part of this system includes ensuring compliance with the Accreditation Standards through the audit program. The home uses these indicators along with other input from stakeholders to identify opportunities for improvement and to develop improvement plans. Care recipients/ representatives and staff reported they have opportunities and are encouraged to participate in the home’s continuous improvement activities.

Examples of recent improvements in relation to Accreditation Standard One include:

* The Care manager identified inefficiencies with the shift handover. Following review there is now a crossover of shifts of half an hour to allow for a more detailed handover between shifts. This includes a registered nurse handover and a care service handover at the care recipient’s bedside. Following review by the home’s manager the handover has improved staff knowledge and awareness of care recipients’ care needs.
* Following review of the communication process for care recipients/representatives, a staff and volunteer text messaging system was implemented. This service allows the home to effectively communicate to a larger scale: in relation to critical information such as infectious disease outbreaks, relevant meetings, and news events and staff communiques.
* The home’s manager identified that the availability of computers for the staff to complete their documentation was centred in the nurse’s station. This meant that there were less staff available in care recipients’ communal areas. Computer kiosks were created in the homes Catherine, Booth and William areas. The manager reports a reduction in the incidents of falls, as there are increased numbers of staff in communal areas.

### 1.2 Regulatory compliance

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

**Team’s findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The home accesses relevant information through subscription to legislative update services and membership with a peak body. The home receives information from government departments and accesses the internet and other sources. Management communicates changes to staff by documentation, staff meetings and staff education sessions. Compliance with regulatory requirements is monitored through audits, skills assessments, staff appraisals and observations by management.

Examples of regulatory compliance relating to Accreditation Standard One include:

* Procedures for monitoring the currency of criminal history record checks for staff and contractors are in place. Interviews and documentation confirmed that these have been completed and are current.
* The organisation and home have a system whereby external contractors’ registrations and insurances are checked to ensure they are current.
* Information brochures on the Aged Care Complaints Commissioner are available within the home.

### 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 that ensure staff have appropriate knowledge and skills to perform their roles. Calendars of education sessions are developed which detail mandatory training sessions and education of interest or importance to various staff members. Learning packages are provided and some of these packages are skills based. Education and training requirements are identified through staff performance appraisals, internal audits and staff requests. Management and staff are supported to attend internal and external courses. Participation records are maintained and reviewed by management when planning future education programs. Staff interviews indicated they are provided with training as part of the home’s orientation process and have access to on-going education.

Examples of education and staff development relating to Accreditation Standard One include:

* The home regularly undertakes induction and orientation sessions for new staff.
* Calendars of education sessions have been developed through a consultative needs analysis between management and staff.

**1.4** Comments and complaints

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

**Team’s findings**

The home meets this expected outcome

Information about internal and external complaint mechanisms is provided to care recipients and/or representatives on the care recipient’s entry to the home. This information is contained in the care recipient information admission/information pack. Information is also communicated on a regular basis through care recipient and representative meetings and information on display in the home. Staff are made aware of these mechanisms through policies and procedures and staff meetings. Feedback forms are available within the home. Brochures about external complaint mechanisms are also on display. Staff demonstrated they have knowledge and understanding of the complaint handling process and of their role in assisting care recipients to raise issues if necessary. Review of complaints and feedback as well as other relevant documents indicates that management responds to issues raised in an effective and timely manner.

### 1.5 Planning and leadership

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

**Team’s findings**

The home meets this expected outcome

The home’s mission, vision and values are available in a number of documents including handbooks for care recipients and staff. The home’s mission, vision and values form a part of the staff induction program and are discussed with staff. Interviews with care recipients/representatives and observations of management and staff interactions with stakeholders confirm behaviours consistent with the mission and values statement.

### 1.6 Human resource management

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

**Team’s findings**

The home meets this expected outcome

The home has a system that aims to ensure there are enough staff with appropriate skills and qualifications to meet care recipients’ care and lifestyle needs. The organisation together with the home’s management team review staffing requirements to ensure sufficiency of human resources. Recruitment procedures ensure the best possible match between candidates and roles are achieved. Staff are provided with position descriptions and there are systems in place for staff orientation, education and performance management. Performance appraisals are conducted and results are fed into the home’s human resource management system. Observations, documentation and care recipient interviews showed there are sufficient staff with the appropriate knowledge and skills to perform their roles effectively. All staff interviewed articulated the need for appropriate skill matches to support team work within the home. Care recipients/representatives told us they are happy with the consistency of care provided and the skills and professional approach of all staff.

### 1.7 Inventory and equipment

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

**Team’s findings**

The home meets this expected outcome

The home has stocks of goods and equipment that support quality service delivery. Specific staff are designated to maintain adequate stock levels and ensure such stock meets the required quality standards. The home has systems to guarantee the integrity of the stock, and stock is rotated as required. Equipment needs are identified through staff requests, audits, asset replacements and acquisition programs. The home has preventative and reactive maintenance programs. Maintenance request reports are maintained and action is taken in an efficient and effective manner to deal with any requests or preventative maintenance tasks. Emergency maintenance requirements are dealt with in a timely manner. Staff, care recipients/representatives are satisfied with the amount of supplies and quality of the equipment available to ensure the provision of quality care and services.

### 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 an information management system that provides relevant information to stakeholders. The home’s communication system includes meetings, handbooks for staff, information/admission pack for care recipients, newsletters, policies and procedures, noticeboards, staff handovers and a clinical documentation system. The home utilises these communication channels along with management’s open door policy to disseminate information and to collect feedback. The information management system governs the collection, processing, accessing, reporting, storage, archiving and destruction of information and records. The home has policies covering relevant regulatory requirements for management of information and records including confidentiality and privacy matters. Access to confidential information and records is controlled and limited to authorised staff. Observations demonstrated that care recipient and staff files are stored securely. Staff confirmed they receive and have access to relevant information that allows them to perform their roles effectively. Care recipients/representatives stated they are well informed regarding care recipients’ needs and all other matters appropriate to them.

### 1.9 External services

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

**Team’s findings**

The home meets this expected outcome

The home’s externally sourced services are arranged primarily by way of specified contract agreements. There is a designated process whereby specific criteria must be met in relation to services to be supplied and references and insurance and criminal history record checks are current. All major contracts are reviewed regularly through feedback by the organisation and the home as considered appropriate. A contractor and service provider induction handbook outlines expectations. The performance of external contractors is monitored on site and regularly reviewed by the home. External contracts include but are not limited to: catering, cleaning, supply of chemicals, fire systems maintenance, pharmacy services, allied health, hairdressing, waste management and pest control. To enable staff to contact an appropriate contractor/supplier, lists are maintained at the home and updated as required. Staff are informed of appropriate matters relating to the provision of externally sourced services.

**Standard 2 – Health and personal care**

**Principle:**

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

### 2.1 Continuous improvement

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

**Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvements for information about the home’s continuous improvement system.

Examples of specific improvements relating to Accreditation Standard Two include:

* Aged care plus completed a review of the home’s continence management and identified a supplier that could best meet the needs of care recipients in their care. Education was provided by the supplier and this is ongoing. The home’s manager reports improvement in continence management and positive feedback from staff and care recipients.
* Management identified that the electronic tablets that the staff were using for medication management and administration were too heavy and slow. These were replaced with lighter devices which are more easily used by staff resulting in a more timely administration of medication for the care recipients.
* The home identified an increased need for education around the care of care recipients living with dementia. Management identified a number of staff to attend a dementia awareness course. The course was completed over a three day period. Staff and care recipient feedback has been positive and the home reports that staff attendance will be ongoing.

### 2.2 Regulatory compliance

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

**Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Two include:

* The home monitors registered nurses registrations.
* Care recipients are provided with care services, supplies and equipment as required in the schedule of specified care and services.
* The home monitors the registrations of visiting health professionals to ensure they are current.

### 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 details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education relating to Accreditation Standard Two include:

* Dementia - everyday care, identifying and treating urinary tract infections, continence management, wound management, medication management, restraint management, falls management, malnutrition and appropriate supplementation, stoma management and thickened fluids and safe swallowing management.

### 2.4 Clinical care

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

#### Team's findings

The home meets this expected outcome

The home has mechanisms to ensure care recipients receive clinical care that is appropriate to their needs and preferences. Care needs are identified on entry and on an ongoing basis through a review and transfer of information, consultation with the care recipient/representative and assessment processes. Individual care plans are developed by qualified staff and reviewed regularly. There are processes to ensure staff have access to current information to inform care delivery, including care plans, progress notes and handovers. Care recipients' clinical care needs are monitored, evaluated and reassessed through incident analysis, reviews and feedback. Changes in care needs are identified and documented; where appropriate, referrals are made to medical officers or health professionals. Staff provide care consistent with individual care plans. Care recipients/representatives interviewed stated they are satisfied with the clinical care being provided.

### 2.5 Specialised nursing care needs

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

#### Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified through assessment processes on entry to the home. Care is planned and managed by appropriately qualified staff. This information, together with instructions from medical officers and health professionals is documented in the care plan. Specialised nursing care needs are reassessed when a change in care recipient needs occurs and on a regular basis. Staff have access to specialised equipment, information and other resources to ensure care recipients' needs are met. Staff receive training in relation to specialised nursing care and equipment when care recipient's needs change. Specialised nursing care is delivered by appropriately qualified staff consistent with the care plan. Care recipients/representatives interviewed are satisfied with how care recipients' specialised nursing care needs are managed.

### 2.6 Other health and related services

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

#### Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Management, staff and medical officers refer care recipients to services, such as podiatry, optometry, audiology, dentists and the local health district hospital and community clinical nurse consultants who assist with wound care, palliative care and manage intra-venous antibiotics administration. The home has an Aged Care Plus dietitian/s who provides monthly onsite and urgent consultations. Health specialist directives are communicated to staff and documented in the care plan and care is provided consistent with these instructions. Staff practices are monitored to ensure care is in accordance with the care recipients' needs and preferences. Staff support care recipients to attend external appointments with health specialists. Care recipients/representatives interviewed stated they are satisfied referrals are made to appropriate health specialists of their choice and staff carry out their instructions.

### 2.7 Medication management

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

#### Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients' medication is managed safely and correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. Medical officers prescribe and review medication orders and these are dispensed by the pharmacy service. Documented medication orders provide guidance to staff when administering or assisting with medications. Procedural guidelines provide clarification surrounding safe medication practices. The home's monitoring processes include reviews of the medication management system and analysis of medication incident data. Opportunities for improvement in relation to the medication management system are identified and addressed. Staff who administer or assist with medications receive education in relation to this. Care recipients/representatives interviewed are satisfied care recipients' medications are provided as prescribed and in a timely manner.

### 2.8 Pain management

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

#### Team's findings

The home meets this expected outcome

Care recipients' pain is identified through assessment processes on entry to the home and as needs change. Specific assessment tools are available for care recipients who are not able to verbalise their pain. Care plans are developed from the assessed information and are evaluated to ensure interventions remain effective. The home's monitoring processes identify opportunities for improvement in relation to pain management systems and processes. Staff assess care recipients' verbal and non-verbal indicators of pain and implement appropriate actions, including utilising a range of strategies to manage comfort levels. Care recipients/representatives interviewed are satisfied care recipients are as free as possible from pain.

### 2.9 Palliative care

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

#### Team's findings

The home meets this expected outcome

The home has processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient/ representative to identify end of life care wishes. The home uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients/representatives. Staff follow end of life care plans and respect any changes which may be requested. There is a supportive environment which provides comfort and dignity to the care recipient/representatives. Care recipients remain in the home whenever possible, in accordance with their preferences. Referrals are made to medical officers, palliative care specialist teams and other health specialist services as required. Care recipients/representatives interviewed are satisfied care recipients' comfort, dignity and palliative care needs are maintained.

### 2.10 Nutrition and hydration

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

#### Team's findings

The home meets this expected outcome

Care recipients' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry. Care recipients' ongoing needs and preferences are monitored, reassessed and care plans updated. There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and identify those care recipients who are at risk. The home provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. Staff have an understanding of care recipients' needs and preferences including the need for assistance, texture modified diet or specialised equipment. Staff practices are monitored to ensure nutrition and hydration needs are delivered in accordance with care recipients' needs and preferences. Care recipients/representatives interviewed are satisfied care recipients' nutrition and hydration requirements are met.

### 2.11 Skin care

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

#### Team's findings

The home meets this expected outcome

Care recipients' skin care requirements, preferences and special needs are assessed and identified, in consultation with care recipients and/or representatives. Care plans reflect strategies to maintain or improve care recipients' skin integrity and are reviewed regularly. Skin care needs are monitored, evaluated and reviewed as required. Referral processes to other health specialists such as wound consultants are available if a need is identified. The home's monitoring processes identify opportunities for improvement in relation to skin care; this includes a process for documenting and analysing incidents relating to skin integrity. Registered nurses are responsible for wound treatments, completion of treatment records, and documenting interventions. Staff promote skin integrity through the use of moisturisers, pressure relieving devices, pressure area care and safe manual handling techniques. Care recipients/ representatives interviewed are satisfied with the assistance provided to maintain skin integrity.

### 2.12 Continence management

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

#### Team's findings

The home meets this expected outcome

Care recipients' continence needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and regular evaluation occurs to ensure strategies remain effective. Care staff have an understanding of individual care recipients' continence needs and how to promote privacy when providing care. Changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. Equipment and supplies such as continence aids are available to support continence management. The home's monitoring processes identify opportunities for improvement in relation to continence management; this includes the collection and analysis of data relating to infections. Staff are conscious of care recipients' dignity while assisting with continence needs. Care recipients/representatives interviewed are satisfied with the support provided to care recipients in relation to continence management.

### 2.13 Behavioural management

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

#### Team's findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are identified through assessment processes and in consultation with the care recipient/ representative. Individual strategies to manage challenging behaviours are identified and documented in the care plan and are regularly evaluated to ensure they remain effective. The home practices a minimal restraint policy; where restraint is used it has been assessed, authorised and is monitored to ensure safe and appropriate use. Restraint authorisation is reviewed on a regular basis. The home's monitoring processes identify opportunities for improvement relating to behaviour management; this includes the collection and analysis of behavioural incident data. Staff have an understanding of how to manage individual care recipients' challenging behaviours, including those care recipients who are at risk of wandering. The home offers a secured environment for those care recipients who are at risk of wandering. Care recipients/representatives interviewed said staff are responsive and support care recipients with behaviours which may impact on others.

### 2.14 Mobility, dexterity and rehabilitation

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

#### Team's findings

The home meets this expected outcome

Care recipients' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient/representative.  A physiotherapist completes a mobility assessment of each care recipient on their entry to the home and when required. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' needs are met. Staff complete falls assessments, review care plans regularly and document any mobility incidents. Staff are trained in falls prevention, manual handling and the use of specialist equipment. The home's monitoring processes identify opportunities for improvement in relation to mobility, dexterity and rehabilitation, including the collection and analysis of data relating to accidents and incidents. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Associated programs are delivered by appropriately skilled staff, consistent with the care plan. Care recipients and representatives interviewed are satisfied with the support provided for achieving optimum levels of mobility and dexterity.

### 2.15 Oral and dental care

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

#### Team's findings

The home meets this expected outcome

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient/representative.  Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. The home's monitoring processes identify opportunities for improvement in relation to oral and dental management systems and processes, including clinical monitoring processes and consultation. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care and where necessary referrals are made to health specialists such as dentists. Care recipients/representatives interviewed are satisfied with the assistance given by staff to maintain care recipients' teeth, dentures and overall oral hygiene.

### 2.16 Sensory loss

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

#### Team's findings

The home meets this expected outcome

Sensory losses are identified through assessment processes and in consultation with care recipients/representatives. Care plans identify individual needs and preferences and are reviewed regularly. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or request and are assisted to attend appointments as required. The home's monitoring processes identify opportunities for improvement in relation to how sensory loss is managed, including clinical monitoring processes and consultation with care recipients, representatives and health professionals. Staff receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipients' needs. Care recipients/representatives interviewed are satisfied with the support provided to manage care recipient sensory needs.

### 2.17 Sleep

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

#### Team's findings

The home meets this expected outcome

Care recipients' sleep patterns, including settling routines and personal preferences, are identified through assessment processes on entry. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep; where appropriate medical officers are informed of sleep problems. The environment is optimised to ensure it supports natural sleep and minimises disruption. Environmental and clinical monitoring processes identify opportunities for improvement in relation to sleep management. Staff support care recipients when normal sleep patterns are not being achieved. Care recipients/representatives interviewed are satisfied support is provided to care recipients and they are assisted to achieve natural sleep patterns.

**Standard 3 – Care recipient lifestyle**

**Principle:**

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

### 3.1 Continuous improvement

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

**Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvements for the details of the home’s continuous improvement system.

Examples of continuous improvement relating to Accreditation Standard Three include:

* In response to an organisational review of the lifestyle services the home adopted a new initiative; ‘World of Wellness’ (WOW). The activity program provides a multi-sensory experience for the care recipients. This provides a range of new and exciting activities increasing meaningful engagement and increased satisfaction with the lifestyle and activities programs at the home.
* After attending education the lifestyle coordinator identified that the care recipients within the home would benefit from the creation of an area dedicated to movie watching. The home created a movie theatre used by groups or can be booked for individual use. The feedback has been positive from care recipients and their representatives
* Lifestyle staff identified through care recipient feedback an interest in participating in art activities. The lifestyle coordinator organised a partnership with the New South Wales art gallery for care recipients to attend art appreciation and art work therapy sessions. Feedback from care recipients and their representatives has been positive about this new initiative.

### 3.2 Regulatory compliance

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

**Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Three include:

* The “Charter of Care Recipients’ Rights and Responsibilities” is on display.
* The care recipient agreements outline security of tenure and are based on applicable legislation.
* The home has a system for compulsory reporting according to current legislation.

### 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 details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively

Examples of education relating to Accreditation Standard Three include:

* Staff attend education in relation to mandatory reporting, customer service and dementia specific training for managing challenging behaviours.

### 3.4 Emotional support

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

#### Team's findings

The home meets this expected outcome

Care recipients' emotional needs are identified on entry and on an ongoing basis. Processes to assist care recipients include the provision of information prior to entering the home, support during the settling in period, involvement of family and significant others and a lifestyle plan that meets care recipient needs and preferences. Emotional support is provided to care recipients on an ongoing basis based on their identified need; concerns relating to emotional health are referred to appropriate support services. The home's monitoring processes, including feedback and care reviews, identify opportunities for improvement in relation to the emotional support provided. Staff engage with care recipients and support emotional wellbeing in accordance with care recipient preferences. Care recipients/representatives interviewed are satisfied care recipients are supported on entry to the home and on an ongoing basis, including times of personal crisis.

### 3.5 Independence

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

#### Team's findings

The home meets this expected outcome

Care recipients' needs and preferences are assessed on entry and on an ongoing basis to ensure there are opportunities to maximise independence, maintain friendships and participate in the life of the community. Consideration is given to sensory and communication needs as an element of this process. Strategies to promote care recipients' independence are documented in the care plan and are evaluated and reviewed to ensure they remain current and effective. The living environment is monitored and equipment is available to ensure care recipients' independence is maximised. The home's monitoring processes, including feedback, and environmental and care reviews, identify opportunities for improvement in relation to care recipient independence. Staff are familiar with the individual needs of care recipients. Care recipients/representatives interviewed are satisfied with the information and assistance provided to care recipients to achieve independence, maintain friendships and participate in the community within and outside the home.

### 3.6 Privacy and dignity

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

#### Team's findings

The home meets this expected outcome

Care recipients' preferences in relation to privacy, dignity and confidentiality are identified on entry and on an ongoing basis to ensure these needs are recognised and respected. Strategies for ensuring privacy and dignity are planned and implemented; this information is documented in the care plan. The living environment supports care recipients' need for personal space and provides areas for receiving guests. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to the home's privacy, dignity and confidentiality systems and processes. Staff were observed to address care recipients in a courteous and polite manner. Care recipients/representatives interviewed said staff treat everyone with respect and feel their information is secure.

### 3.7 Leisure interests and activities

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

#### Team's findings

The home meets this expected outcome

Care recipients' interests and activities of choice are identified on entry; barriers to participation, past history, and cultural and spiritual needs are recognised. This information is documented and regularly updated to inform staff of care recipients' current preferred leisure choices. A varied program of activities is available and is reviewed and evaluated to ensure it continues to meet the needs and preferences of care recipients. The activities program respects care recipients' varied needs and includes group, one-on-one and community activities. Staff encourage and support care recipient participation. Care recipients are satisfied with activities and confirm they are supported to participate in activities of interest to them.

### 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

Individual care recipients' customs, beliefs and cultural and ethnic backgrounds are identified on entry through consultation with the care recipients/representatives. Relevant information relating to care recipients' cultural and spiritual life is documented in care plans which are regularly evaluated and reviewed. The home has access to support services such as interpreters and community groups and provision is made for the observation of special days. Care recipients' spiritual needs are supported by onsite chaplains who visit care recipients/representatives and hold worship regularly. The home's monitoring processes identify opportunities for improvement in relation to the way care recipients' cultural and spiritual life is valued and fostered. Staff support care recipients to attend and participate in activities of their choice. Care recipients/representatives interviewed confirmed care recipients' customs and beliefs are respected.

### 3.9 Choice and decision making

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

#### Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients/representatives are provided with information about their rights and responsibilities on entry to the home and on an ongoing basis. The home assesses each care recipients' ability to make decisions and identifies authorised representatives where care recipients are not able to make decisions for themselves. Staff are provided with information about care recipients' rights and responsibilities and provide opportunities for the care recipient to exercise choice and make decisions when providing care and services. Staff practices are monitored to ensure care and services delivered are in line with the choices and preference of care recipients. Staff demonstrated their understanding of care recipients' rights to make choices and how to support them in their choices. Care recipients are satisfied they can participate in decisions about the care and services they receive and that staff respect their choices.

### 3.10 Care recipient security of tenure and responsibilities

This expected outcome requires that "care recipients have secure tenure within the residential care service, and understand their rights and responsibilities".

#### Team’s findings

The home meets this expected outcome

Care recipients and representatives reported they are satisfied with the information the home provides to care recipients on entry regarding care recipients’ entitlements, details of tenure as well as the fees and charges. Designated staff members explain the care recipient accommodation agreement to care recipients and representatives prior to care recipients coming to live at the home. The care recipient and visitor information guide which is provided to care recipients on entry contains information about the services available, privacy and confidentiality, processes for making complaints and care recipients’ rights and responsibilities. Management explained the process for room changes within the home and advised that agreement is always reached prior to any room changes occurring.

## Standard 4 – Physical environment and safe systems

**Principle:**

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

### 4.1 Continuous improvement

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

**Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for further information relating to the home’s continuous improvement system.

Examples of recent improvements in relation to Accreditation Standard Four include:

* Following feedback from staff about the effectiveness of the meal ordering system which was paper based, electronic tablets were adopted for the purpose of meal ordering and updating care recipients’ dietary requirements. Feedback from the staff has been positive as information can be relayed to the kitchen instantly.
* Located within the homes’ grounds is the existing site of the old home. In consultation with the executive management of Aged Care Plus this area has been developed into a communal area for care recipients to meet and engage in activities such as high tea and family gatherings. Feedback from care recipients and their representatives has been very positive in regards to accessing this area.
* The home identified the need to improve the overall dining experience of the care recipients living in the William area, to this end the flooring was replaced with a light vinyl floorboard effect, promoting a more airy and defined dining area. Colourful tablemats and decorations for the dining room were purchased to enhance the sense of homeliness. The home’s staff have reported that these areas have increased participation in communal mealtimes for the care recipients

### 4.2 Regulatory compliance

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

**Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Four include:

* The home has current NSW Food Authority licence and the food safety system has been audited by the NSW Food Authority.
* The home has a current annual fire safety statement on display.
* The home provides safety data sheets with stored chemicals.

### 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 details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education relevant to Accreditation Standard Four include:

* Infection control - the basic principles, fire safety, work health and safety, manual handling, influenza outbreak management, hazard identification and reporting, food 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 care recipients’ care needs".

#### Team's findings

The home meets this expected outcome

The home's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. Environmental strategies are employed to minimise care recipient restraint. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Care recipients/representatives interviewed are satisfied the living environment is safe and comfortable.

### 4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

#### Team's findings

The home meets this expected outcome

There are processes to support the provision of a safe working environment, including policies and procedures, staff training, routine and preventative maintenance and incident and hazard reporting mechanisms. Opportunities for improvement in the occupational health and safety program are identified through audits, inspections, supervision of staff practice, and analysis of incident and hazard data. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's workplace health and safety program. Staff were observed to carry out their work safely and are satisfied management is actively working to provide a safe working environment.

### 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

Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff; this includes an emergency evacuation plan. Staff are provided with education and training about fire, security and other emergencies when they commence work at the home and on an ongoing basis. Emergency equipment is inspected and maintained and the environment is monitored to minimise risks. Staff have an understanding of their roles and responsibilities in the event of a fire, security breach or other emergency and there are routine security measures. Care recipients/representatives interviewed are aware of what they should do on hearing an alarm and feel safe and secure in the home.

### 4.7 Infection control

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

#### Team's findings

The home meets this expected outcome

The home has processes to support an effective infection control program. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff and management follow required guidelines for reporting and management of notifiable diseases. Care plans describe specific prevention and management strategies. The home's monitoring processes identify opportunities for improvement in relation to infection control; this includes observation of staff practices, analysis of clinical and infection data and evaluation of results. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, vaccination programs, a pest control program, waste management and laundry processes. Staff are provided with information about infections at the home and have access to policies and procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Care recipients, representatives and staff interviewed are satisfied with the prevention and management of infections.

### 4.8 Catering, cleaning and laundry services

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

#### Team's findings

The home meets this expected outcome

The home identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. There are processes available that support care recipients to have input into the services provided and the manner of their provision. The home's monitoring processes identify opportunities for improvement in relation to the hospitality services provided; this includes feedback from care recipients and representatives and monitoring of staff practice. Hospitality staff interviewed said they readily have access to information about care recipient preferences and receive feedback about services provided. Staff are satisfied the hospitality services enhance the working environment. Care recipients/representatives interviewed are satisfied the hospitality services meet their needs, help them to feel at home and meals are a part of the day they look forward to.