

Roy Wotton Gardens

RACS ID: 0250

Approved provider: RSL LifeCare Limited

Home address: Bimmil St EDEN NSW 2550

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| 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 16 May 2021.  We made our decision on 13 March 2018.  The audit was conducted on 13 February 2018 to 14 February 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: Roy Wotton Gardens

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# Introduction

This is the report of a Re-accreditation Audit from 13 February 2018 to 14 February 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 13 February 2018 to 14 February 2018.

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

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

# Details of home

Total number of allocated places: 28

Number of care recipients during audit: 23

Number of care recipients receiving high care during audit: 18

Special needs catered for: Care recipients living with dementia

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| General Manager Far South Coast Region | 1 |
| Registered nurse | 1 |
| Occupational therapist | 1 |
| Care staff/cleaning/laundry | 6 |
| Leisure/lifestyle coordinator | 1 |
| Administration assistant | 1 |
| Care recipients and/or representatives | 14 |
| Volunteers | 1 |
| Maintenance supervisor | 1 |
| Catering staff | 2 |
| Cleaning staff | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ files | 9 |
| Summary and/or quick reference care plans | 9 |
| Medication charts | 10 |

## Other documents reviewed

The team also reviewed:

* Audit documentation including schedules, surveys, results and analysis
* Care recipient information including, welcome pack with care recipient information handbook
* Care recipient outing register, visitor and contractor sign in and out register
* Care recipients’ individual incident reports including behaviours, falls, infections, medication errors, skin tears; clinical indicator registers - monthly trends and analysis
* Cleaning workflow tasks schedule
* Clinical monitoring charts including activity of daily living, behaviour, bowel, case conferences, blood pressure, blood glucose levels monitoring, fluid/food intake,observations, pain, wound, weight
* Compliments, suggestions and complaints register and trending register
* Compulsory reporting register
* Education documentation: education training attendance records, educational resource information, staff training requirements, staff competency assessment information, education and training reports, monthly education calendar
* Fire safety and emergencies documentation: inspection records, annual fire safety certificate, emergency evacuation diagrams, emergency contact details, evacuation details of care recipients, disaster management plan, bushfire evacuation plan, emergency evacuation signage, emergency procedures guide flipcharts
* Food safety: food safety program, food safety monitoring records, care recipients’ dietary requirements and food preference information, menu and food safety audit report
* Human resource management documentation: staff roster, employee orientation ‘on-boarding’ program, employment documentation, position descriptions, new employee information pack, employment checklist, staff handbook
* Infection control information including manual, policies and procedures, trend data, outbreak management program, care recipients/staff vaccination records, infection incidence and antibiotic utilisation chart and waste management
* Information system documentation: policies and procedures, flowcharts, meeting minutes, handover records, admission / enquiry information pack, notices, survey results, contact lists, organisational information, care recipient and representative information brochures, resident handbook, admission checklist, contractor information pack and computer based staff messages/emails
* Leisure and lifestyle records including activities calendars, attendance lists, outing risk assessments, activity plans, ‘my story’ assessments and activity evaluations
* Maintenance documentation: preventative maintenance schedules, maintenance and approved supplier documentation, maintenance service reports and warm water temperature check records, pest control reports, legionella species reports, maintenance request logs, records electrical equipment inspection register, chemical register
* Medication documentation including drugs of addiction (S8) registers, medication incident forms, medication refrigerator temperature records, nurse initiated medication forms, medication profiles, medication charts hard copy system and reviews of care recipient medications
* Meeting schedule calendar and minutes – care recipient, staff, management and various committee meetings
* Palliative care documentation including advance care planning, medical orders for life sustaining treatment, palliative care plans
* Policies and procedures and flowcharts
* Privacy and confidentiality consent to disclose care recipient personal information, photos, videos and media
* Quality management system: annual quality assurance plan, strategic plan, vision and values statements
* Regulatory compliance documentation: incident management reporting system includes reportable incidents, staff, volunteer and contractor criminal record check reporting system, NSW food authority audit form, professional registration and resident agreements including security of tenure
* Self-assessment document for re-accreditation and associated documentation for surveyors
* Specialist and allied health reports, Medical officer notes, recommendations and treatment plans including dietician, mental health, occupational therapist, podiatry, speech pathology
* Work health and safety system documentation: incident reports, work health and safety documentation, material safety data sheets, workplace inspection documentation including work health and safety and maintenance details, hazard reporting register

**Observations**

The team observed the following:

* Activities in progress and associated resources, notices, activities calendar displayed
* Australian Aged Care Quality Agency Re-accreditation audit notices displayed throughout the home
* Charter of Care Recipients’ Rights and Responsibilities on display
* Chemical storage and material safety data sheets
* Cleaning in progress with appropriate signage
* Electronic and hardcopy documentation systems
* Equipment and supplies in use and in storage including manual handling equipment, mobility and pressure relieving equipment, clinical and continence supplies
* Fire panel, fire-fighting equipment, emergency exits, emergency evacuation diagrams, emergency response guide flipcharts, annual fire safety certificate
* Infection control facilities and equipment, waste management including infection control flip charts, clinical waste, outbreak management kit, sharps containers, personal protective and colour coded equipment in use, hand washing stations, antibacterial hand wash available, infection control posters displayed
* Information noticeboards including daily menu displayed
* Interactions between staff, care recipients, representatives and visitors
* Internal and external comments, complaints and advocacy information displayed and feedback form box
* Living environment including care recipient bedrooms, communal dining, activities, living and outdoor areas
* Medication management: administration and storage areas, stocks of medication
* Noticeboards and posters, notices, brochures and forms displayed for care recipients, representatives and staff
* Re-accreditation audit notices on display.
* Nurse call system in operation including care recipient access
* Secure storage of confidential care recipient and staff information
* Short group observation in special care unit dining room
* Staff handover
* Staff work practices and work areas including administration, clinical, life style, catering central kitchen and serveries, cleaning, laundry and maintenance
* The dining environments during midday meal service, morning and afternoon tea, care recipient seating, staff serving/supervising, use of assistive devices for meals and care recipients being assisted with meals
* Visitors registers, sign in/out books and security measures

# 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 and representative meetings, staff meetings, audits, surveys, and review of clinical data. The home also utilises surveys, benchmarking, suggestion and incidents. 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:

* Management identified the need for the home’s information management system to be more effective and comply with organisational requirements. Consequently a revised record filing system for administration and clinical records was introduced. This system management advised will enable staff to readily access required information in a more efficient and effective manner.
* Management identified the need to ensure all contractors providing goods and services to the home have appropriate documentation, qualifications and contract arrangements which comply with organisational requirements. As such a contractor information pack was provided to each contractor detailing organisational requirements. Management advised this improved process has resulted in all externally sourced services more effectively meeting the home’s care service’s needs and service quality requirements.
* Management and staff identified the need to improve hospitality services provided and as such another catering services supervisor was employed by the home. The employment of this supervisor has resulted in supervision of catering services being seven days a week rather than five days a week as was previously the case. Management advised this improvement has resulted in an improvement in hospitality services provided by the home.

### 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 the organisation’s 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:

* The organisation conducts reviews of all policies and procedures on a regular basis to ensure all relevant legislation, regulatory requirements, professional standards and guidelines are appropriately documented.
* Procedures for monitoring the currency of criminal history record checks for staff, volunteers 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 external complaints 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. Education sessions are developed which include mandatory training sessions and education of interest or importance to various staff members. Some learning techniques 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.
* Staff receive training on a wide range of topic areas relating to the Accreditation Standards.

### 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. Information is 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.

### 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 vision and values are available in a number of documents including handbooks for care recipients and staff. The home’s vision and values form a part of the staff induction program and are discussed with staff.

### 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 on an as needs basis 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.

### 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 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, information pack for care recipients, 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 information and files are stored securely. Staff confirmed they receive and have access to relevant information that allows them to perform their roles effectively. Care recipients and 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 to the home’s management and the organisation. Contractor non-performance is recorded and actioned immediately if urgent or at the time of reviewing the contract. 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:

* Management identified the need to improve procedures associated with medical practitioner visits to care recipients within the home. Consequently a revised visitation schedule was developed and management created a doctor’s visitation communication tool which includes appropriate information related to each care recipient. Management advised the tool assists to ensure clinical and other care needs are appropriately addressed and required medication management practices are complied with including maintaining appropriate medication order authorisations.
* Management identified the need to ensure care recipients’ physical and mental health is promoted and achieved at an optimum level and as such ‘resident of the day’ program was introduced. The program involves each care recipient care needs being more fully assessed once a month covering such aspects as clinical care, specialised nursing care needs, audit of medication charts, review of manual handling requirements and review of care plans and assessments. Management advised the program has assisted to ensure care recipients’ physical and mental health is promoted and achieved at an optimum level.
* A review of clinical indicators together with assessments undertaken for particular care recipients identified the need for a range of strategies to be introduced whereby care recipients’ skin integrity could be improved. Consequently the home purchased pressure relieving mattresses, additional water chairs and a shower chair. Also other alternative skin care products were purchased. Management advised the implementation of these strategies has resulted in improved skin integrity for the care recipients concerned.

### 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.
* 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:

* Care assessment and planning, wound care, personal care, clinical care, medication management, pressure area care, first aid, understanding dementia, continence management and resident special care days.

### 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 and/or their 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. The home regularly reviews and evaluates the effectiveness of the clinical care system and tools used. 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 and 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. The home's monitoring processes identify opportunities for improvement in relation to specialised nursing care systems and processes. Staff have access to specialised equipment, information and other resources to ensure care recipients' needs are met. Specialised nursing care is delivered by appropriately qualified staff consistent with the care plan. Care recipients and 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. 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 and 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 and 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. Medical officers and allied health professionals are involved in the management of care recipients' pain. 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 and 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 and/or representative to identify end of life care wishes and this information is documented in an end of life plan. The home uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. There is a supportive environment which provides comfort and dignity to the care recipient and their 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. Staff practices are monitored to ensure the delivery of palliative care is in accordance with the end of life plan. Staff follow end of life plans and respect any changes which may be requested. Care recipients and 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 and 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 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. Staff promote skin integrity through the use of moisturisers, pressure relieving devices, pressure area care and safe manual handling techniques. Care recipients and 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 and 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, their representative and/or allied health professionals. 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. Care recipients and 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 and/or their representative.  Where a need is identified, referrals are made to medical officers and other health specialists, including physiotherapists. 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. 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 and/or their 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 and 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 and/or their representative. 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 and 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 and 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 improvement for the details of the home’s continuous improvement system.

Examples of continuous improvement relating to Accreditation Standard Three include:

* The recreational activity officer undertook a review of the activity program to ensure it adequately meets the individual needs of care recipients. Consequently a number of new activities have been introduced into the program including local high school students visiting the home once a week and participating in various activities. Also a pen pal program has been introduced involving students from a primary school in the Northern Territory. The recreational activity officer stated care recipients very much enjoy these new activities.
* A volunteer visiting program was commenced last year whereby regular visits by volunteers was organised for those care recipients who preferred one on one activities rather than participating in group activities. Also a volunteer who is expert is the area craft visits the home on a regular basis to assist the recreational activity officer in undertaking craft activities with care recipients. The recreational activity officer stated care recipients very much enjoy these new activities.
* Management and the recreational activity officer identified benefit could be gained from having a special memorial table within the home which could be used to honour and remember those care recipients who have passed away through displaying their photos, memorabilia and cards. As such a table was made by the local men’s shed for the home and it serves as a memorial table and is used for church services held within the home thus enhancing care recipients’ spiritual life.

### 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.

### 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:

* Customer dignity, autonomy and choices, lifestyle services and support, recreational activity education and information sessions.

### 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 and representatives interviewed are generally 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 and 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 have received education in relation to privacy, dignity and confidentiality and their practices support this. Care recipients and 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 interests 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 recipient and their 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' cultural and spiritual needs are considered in meal planning and the facilitation of leisure activities. 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 and 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 and their 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 their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the home, fees and charges and information about complaints, when they enter the home. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or their representative. If a change in care recipient health requires a room change or transfer to another home, this is discussed with the care recipient and/or their representative. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to care recipient rights, responsibilities and security of tenure. Care recipients and representatives interviewed are satisfied care recipients have secure tenure within the home and understand their rights and responsibilities.

## 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:

* Management identified the need to create a more comfortable living environment for care recipients and as such a program to install individually controlled air conditioning systems in all care recipients’ bedrooms has commenced. Management advised all bedrooms will have air conditioning systems installed in them within the next two months.
* Management and staff identified the need to upgrade some furniture in the lounge and dining areas of the home. Consequently new dining room chairs have been purchased allowing for easier and safer use by care recipients and new tub lounge chairs have also been purchased. Management advised feedback from care recipients regarding the new furniture has been very positive.
* Management identified carpet in the common areas of the home required regular cleaning by professional carpet cleaners. As such an external contractor has been engaged by the home to regularly clean the carpet. Management stated as a result the carpet now presents as clean and well maintained.

### 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’s food safety system has been audited by the NSW Food Authority.
* The home has a current annual fire safety certificate on display.
* The home provides material 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:

* Fire and safety training, emergency co-ordinator training, manual handling, infection control, personal hygiene, safe use of chemicals and food safety training.

### 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 demonstrates that it is actively working to provide a safe and comfortable environment consistent with care recipients’ needs. The home comprises of two separate households one on the upper level of the home and the other on lower level. Each household has single bedrooms with ensuite bathroom facilities as well as dining and communal areas. The home is well illuminated with natural light. Most of the home’s bedrooms and common areas have controlled air conditioning. There is a preventative and reactive maintenance program in place, including recording of warm water temperatures and regular inspections covering the environment are undertaken. Care recipients stated they are satisfied with their rooms and the communal living environment.

### 4.5 Occupational health and safety

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

#### Team’s findings

The home meets this expected outcome

Systems and processes enable the home to demonstrate that management and staff are working together to provide a safe working environment that meets regulatory requirements. The home has processes for the identification and addressing of hazards and incidents. There is safe work practice and work health and safety education for staff. Chemicals are appropriately stored and material safety data sheets and personal protective equipment is available at point of use. Staff demonstrated knowledge and understanding of workplace safety issues and responsibilities and we observed safe practices in operation.

### 4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

#### Team’s findings

The home meets this expected outcome

The home has established practices to provide an environment and safe systems of work that minimise fire, security and emergency risks. Fire evacuation plans, emergency procedure documentation and exit signs are located throughout the home. Monitoring and maintenance of all fire and alarm equipment is undertaken by contractors and reports provided. Fire equipment is located throughout the home. Appropriately responding to emergency training is included in the orientation program and there are mandatory annual updates. Staff are aware of procedures to be followed in the event of an emergency. Emergency evacuation documentation is readily available which includes information detailing care recipients’ care needs and relevant contact information. Staff stated they are aware of and understand their responsibilities in the case of fire and other emergencies.

### 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

There is an effective infection control program which minimises infections. A care recipient and staff immunisation program is implemented each year. The infection surveillance program includes monitoring, appropriate treatment and follow up review of any infections to reduce the likelihood of further infections. Infection control training and hand washing education are provided for staff during orientation, during mandatory annual education and as needed for all staff. Outbreak management plans and equipment are in place. The home has a food safety program and a pest control program. Personal protective equipment, spill kits and hand sanitising stations were observed throughout the building. Temperature monitoring and thermometer calibration programs are regularly recorded and cleaning schedules are followed throughout the home. Waste is disposed of safely and correctly. All staff interviewed had a good understanding of the importance of infection control.

### 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

All care recipients and representatives interviewed expressed satisfaction with the hospitality services provided at the home.

Care recipients’ dietary needs and choices are assessed and documented on entry to the home and details provided to catering staff. All food is cooked on site. There is a food safety program and the home has a current NSW food authority licence. The home has a seasonal menu with input from a dietitian. We observed food preparation and service and staff practices are according to the appropriate food safety guidelines, including infection control requirements. Appropriate staff have undertaken training in relation to appropriate food handling and infection control.

The home presents as clean, fresh and well maintained. Cleaning staff perform their duties guided by documented schedules, work instructions and results of inspections. Cleaning equipment is colour coded and chemicals are securely stored. Staff are trained in the use of equipment, infection control, outbreak management procedures and work, health and safety. Staff demonstrated a good knowledge of infection control, manual handling requirements and safe handling of chemicals.

Laundry services for personal clothing are provided on site whilst linen is laundered by an external contracted laundry service provider. Dirty laundry is collected in appropriate coloured linen bags and transported to the laundry area. There are procedures and work instructions for the collection and handling of linen. Staff described the processes for the collection and transportation of dirty clothes and linen and distribution of clean linen and clothes to care recipients. Staff confirmed they receive training in infection control and safe work practices.