



**Australian Government**  
**Australian Aged Care Quality Agency**

**Reconsideration Decision**

**Southern Cross Apartments Daceyville RACS ID: 0394**

**Approved Provider: Southern Cross Care (NSW & ACT)**

**Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.**

Reconsideration Decision made on 8 January 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 9 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 5 September 2015 to 5 April 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 8 January 2018

Accreditation expiry date 5 April 2019



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Southern Cross Apartments Daceyville**

RACS ID 0394

1-3 Gwea Avenue

DACEYVILLE NSW 2032

**Approved provider: Southern Cross Care (NSW & ACT)**

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 September 2018.

We made our decision on 09 July 2015.

The audit was conducted on 02 June 2015 to 03 June 2015. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

### Standard 2: Health and personal care

#### Principle:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

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

**Standard 3: Resident lifestyle****Principle:**

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

Expected outcome		Quality Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

**Standard 4: Physical environment and safe systems****Principle:**

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Expected outcome		Quality Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



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**Australian Aged Care Quality Agency**

**Audit Report**

**Southern Cross Apartments Daceyville 0394**

**Approved provider: Southern Cross Care (NSW & ACT)**

**Introduction**

This is the report of a re-accreditation audit from 02 June 2015 to 03 June 2015 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.

**Assessment team's findings regarding performance against the Accreditation Standards**

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 02 June 2015 to 03 June 2015.

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.

## Assessment team

Team leader:	Helen Ledwidge
Team member/s:	Maria Toman

## Approved provider details

Approved provider:	Southern Cross Care (NSW & ACT)
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## Details of home

Name of home:	Southern Cross Apartments Daceyville
RACS ID:	0394

Total number of allocated places:	58
Number of care recipients during audit:	43
Number of care recipients receiving high care during audit:	43
Special needs catered for:	8 place unit for residents diagnosed with dementia

Street/PO Box:	1-3 Gwea Avenue	State:	NSW
City/Town:	DACEYVILLE	Postcode:	2032
Phone number:	02 9313 6535	Facsimile:	02 9313 7158
E-mail address:	Nil		

## Audit trail

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

### Interviews

	Number		Number
Care team manager	1	Residents/representatives	13
Deputy care team manager	1	Pastoral care team leader	1
General manager residential care	1	Lifestyle and activity staff	1
Regional manager Sydney metropolitan area	1	External continence advisor	1
Administrative assistant	1	Visiting dementia behaviour management advisory service (DBMAS) consultant	1
Registered and enrolled nurses	2	Laundry and cleaning staff member	1
Care staff	11	Catering staff	3
Physiotherapist and physiotherapy aide staff	2	Regional maintenance manager and maintenance supervisor	2

### Sampled documents

	Number		Number
Residents' files	6	Medication charts	10
Resident agreements	5	Personnel files	4

### Other documents reviewed

The team also reviewed:

- Allied health and medical specialists referrals and reports
- Audits, accident and incident reports
- Behaviour management tools, behaviour monitoring tools and communications with psycho-geriatric and behaviour management specialists
- Care assessment tools including: initial assessment, sleep, continence, skin, oral and dental, mobility, falls risk, risk assessment, sensory loss, specialised nursing, wound care, nutrition and hydration and others
- Care monitoring tools including: change of dietary preferences, weight monitoring, clinical observations, bowel charts and case conference tools
- Care plan review schedule
- Cleaning and laundry service documentation, catering records
- Communication books, medical communication books, physiotherapy communication books, newsletters and memoranda
- Confidentiality agreements
- Continuous improvement log and spreadsheet

- Education calendar, training records, attendance records
- External service provider information, service agreements and audits
- Feedback system including compliments and complaints
- Fire and emergency documentation including annual fire safety statement, emergency flip charts, evacuation folders, fire equipment audits, testing records
- Infection data collection and collation, infection data reporting, infection control education, vaccination records for residents and staff
- Letter sent to representatives advising them of the re-accreditation audit
- Lifestyle and social profiles, *My Life* story books for individual residents, lifestyle activity plans, lifestyle activity attendance records, lifestyle activity evaluations, lifestyle notices regarding activities, pastoral care contact details, cultural and spiritual resources
- Maintenance request book, service agreements, contract information, contractor orientation checklist, routine and preventative maintenance schedule, pest prevention services
- Medication checking tools, schedule eight drug register
- Meeting schedule and minutes including: quality improvement, resident, staff and medication advisory committee and others
- New employee pack including staff handbook
- Pain assessments, pain monitoring tools and physiotherapy directed pain management programs
- Policies and procedures, infection control manual
- Recruitment documentation, staff induction program, job descriptions, duty statements, staff rosters, code of conduct, privacy and confidentiality agreements, police certificate check documentation, statutory declarations, staff health professionals registrations
- Regulatory compliance folder, reportable incidents register
- Resident information including handbook, consent forms
- Self-assessment report for re-accreditation
- Specialised nursing tools including: wound management, diabetes management, palliative care, advance care directives and others
- Temperatures for fridges, freezers and meals

## **Observations**

The team observed the following:

- Amenities available such as hairdressing salon and garden area
- Australian Aged Care Quality Agency re-accreditation audit notices displayed
- Charter of resident rights and responsibilities on display
- Chemical store, safety data sheets (SDS)
- Cleaning stores and equipment, clinical stores and continence aids, syringe driver for use in palliative care, equipment and supply storage areas, manual handling equipment
- Electronic and hardcopy record keeping systems – clinical and administration
- Fire safety systems and equipment, evacuation kit, security systems including closed circuit television monitoring



- Infection control items, including hand wash stations, hand sanitiser dispensers throughout the home, contaminated waste bin, colour coded cleaning equipment, sharps containers, personal protective equipment, outbreak kit and spill kits
- Interactions between staff and residents including activities, medication round, meal service with staff assisting residents, short group observation
- Living environment internal and external
- Medication trolleys, medication fridges, storage of medications
- Menu displayed
- Noticeboards and posters, brochures and forms displayed for residents, representatives and staff such as complaints documentation, advocacy service brochures, information pamphlets; suggestion box
- NSW Food Authority licence
- Pressure relieving devices in use
- Resident call bell system, residents wearing neck pendant buzzers
- Secure storage of resident information
- Staff work areas including catering, cleaning and laundry, staff work practices and handover between staff at the change of shift
- Values, philosophy and mission statements displayed
- Visitors sign-in/out book

## Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

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

**Principle:** Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of 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 has a continuous improvement system to identify and implement improvements across the four Accreditation Standards. Residents/representatives and staff use formal and informal mechanisms to provide feedback on all aspects of care and service delivery. Mechanisms include: audits, verbal and written comments and complaints and meetings. Continuous improvement matters are captured in a continuous improvement plan and actions logged on the plan are followed up in a timely manner. Continuous improvement matters are discussed and reported at various meetings. Meetings are held to progress initiatives. Staff are familiar with continuous improvement mechanisms and are aware of recent improvements. Residents/representatives are encouraged to make suggestions and to put forward ideas for improvement using the various feedback mechanisms.

Examples of improvements in relation to Accreditation Standard One, Management systems, staffing and organisational development include:

- The organisation introduced the position of general manager residential care in recognition of the growing number of the organisation's residential aged care facilities and the increasing proportion of residents with high care needs. An appointment was made to this position 18 months ago. The increased resident acuity has also led to replacing care staff positions with registered nurse positions when the resident care needs necessitate this change in skill mix. In April 2014 one of the home's non-RN care staff positions became vacant and was replaced with a registered nurse position. The extra registered nurse provides added clinical leadership and oversight of the clinical care of residents. Staff provided positive feedback about this improvement as they now have added access to registered nurse expertise.
- In January 2015 management identified the need to review the staffing hours and skill mix of care staff. Staff feedback had also indicated workload had been increasing in response to the increasing care needs of residents. An enrolled nurse was appointed to a full time position, an additional care staff member was added to the night shift and the hours of a morning shift were increased. The additional staff hours have improved the buzzer response time and the added expertise has improved the clinical care of residents. The number of complaints from residents and representatives has decreased. Staff feedback has been positive as they are now better able to meet resident care needs.

## **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 all relevant legislation, regulatory requirements, professional standards and guidelines. New and updated legislation policy directives and guidelines are regularly accessed from sources which include the Department of Social Services, corporate communications and membership of industry peak bodies. Head office staff ensure currency of policies, procedures and forms. Staff demonstrated awareness of current legislation. Relevant information is provided to residents/representatives at meetings, and through information on display in the home. Staff are informed through notices, circulars, memoranda, meetings and education. Audits, quality improvement activities and staff supervision ensure that work practices are consistent and compliant with legislative requirements and professional standards.

Examples of regulatory compliance relating to Accreditation Standard One include:

- A police certificate register is maintained which demonstrated all staff have current police record certification.
- Resident agreements have been updated to reflect legislative change.

## **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 an education program that ensures management and staff have the appropriate knowledge and skills to perform their roles effectively. Staff education includes: orientation, annual compulsory training and a range of internal and external training programs. The organisation also subscribes to an education provider and this includes a library of audio visual resources and assessment materials. Management maintains education records and relevant staff receive training and education across the four Accreditation Standards. Staff training needs are identified through legislative requirements, changes in resident needs, observation of staff practices, consultation with staff and stakeholders, staff performance appraisals and a range of audit data. The effectiveness of training and education is assessed. Staff are satisfied with the education programs and opportunities provided. Resident/representative interviews demonstrated they are satisfied staff are skilled and knowledgeable in their delivery of care and services to the residents.

Education topics recently provided by the home relating to Accreditation Standard One include: an accreditation workshop, information regarding the aged care funding instrument (ACFI) induction programs for new staff, incident report writing, and use of the resident call bell system.

#### **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

The home has internal and external feedback and complaint mechanisms available to all residents/representatives. On entry all new residents are made aware of feedback mechanisms and advocacy services in the resident agreement and via the handbook and brochures. Internal feedback forms and brochures for accessing external complaints services are also on display, and a suggestion box is centrally located. Resident meetings provide forums for feedback and updates on action taken. Complaints are handled confidentially and are registered. Issues are incorporated into the continuous improvement program. Resident/representative and staff interviews demonstrated they are aware of the home's complaints and feedback processes, feel comfortable raising issues of concern and confirmed they are satisfied with the resolution.

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

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

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

The home meets this expected outcome

The organisation's vision, mission and values statements are displayed in the home and disseminated to staff and stakeholders through letters, memoranda and newsletters. The home's operations are supported by head office staff and resources. Documentation and interviews with management and staff confirm a commitment to quality care and services within the home.

#### **1.6 Human resource management**

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

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

The home meets this expected outcome

The home has systems to ensure there are sufficient appropriately skilled and qualified staff to deliver care and services in accordance with the Accreditation Standards, the home's philosophy and objectives and the needs of the home's residents. The home is supported by the organisation's people and culture team at the corporate office and police record certification is obtained prior to employment and is monitored for renewal. All new staff complete an induction program and position descriptions, handbook, and policies inform staff of care and service delivery requirements. Staff sign an agreement to maintain confidentiality of resident information. Staff practices are monitored through observation, skill assessments, performance appraisals, feedback and audit results. Registered nurses are rostered on morning shifts and are on call in the evenings and during the night. There is flexibility in rostering to ensure the staffing allocation addresses resident needs. Staff absences are replaced using the home's permanent part-time staff and casual staff. Agency staff are used to address any further shortfalls. Residents/representatives expressed satisfaction with care provided by staff and residents said they are assisted when necessary in a timely manner.

## **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 an equipment management system to ensure appropriate stocks of goods and equipment are maintained to provide quality service delivery. The home has systems to register, replace and purchase equipment. Equipment is well maintained and there is a comprehensive system to manage corrective and preventive maintenance in the home. Staff and residents/representatives confirmed the operation of this system is effective and maintenance requests are actioned in a timely manner. Electrical items are tested and tagged. Staff are familiar with ordering and maintenance systems and have sufficient goods and equipment on an ongoing basis. Resident/representative interviews demonstrated they are satisfied that goods and equipment required for use by residents are well maintained and readily available.

## **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 organisation has an effective information management system which includes policies to support care practices and the delivery of services. Various regular staff and resident/representative meetings are held. The home manages information review through a range of audits and information gathered is analysed, reported on and actioned where required. Residents/representatives, staff and other stakeholders have access to information through mechanisms such as handbooks, induction and training sessions, meeting minutes and noticeboards, staff handover discussions and verbal communication. Staff have access to policies. Resident and staff information was observed to be kept secured and staff are aware of their responsibility to keep resident information confidential. The organisation backs up electronic resident files offsite and there is a system for archiving and destruction of confidential resident information. Resident/representative and staff interviews demonstrated they can access information and are kept informed about relevant matters.

## **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 demonstrated it has systems to monitor the quality of work being undertaken by externally sourced services to ensure services are provided in a way that meets the home's needs and service quality goals. Preferred external suppliers are managed by the organisation and the home through service agreements or contracts. Service agreements/contracts include specifications of service delivery, qualifications, insurance, police record certification and registration details as appropriate. Suppliers and contractors are regularly assessed against their service agreement and unsatisfactory service/breach of contract is addressed. Staff said they are satisfied with the quality of the services currently being provided by external providers.

## **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 improvement for information regarding the continuous improvement system. Improvements undertaken by the home relevant to Accreditation Standard Two, Health and personal care include:

- In January 2015 management and staff identified the need to improve the management of resident wounds. Following consultation and after exploring a number of wound care product suppliers, a decision was made to use a single provider for all wound care products. The advantages of this decision have been consistency of approach and products to use, the availability of protocols and ongoing staff education sessions by the provider. Wounds are also photographed and the pictures uploaded to the resident's electronic clinical record. This enables easy access by staff to closely monitor the progress of wound healing. One of the home's registered nurses also attended a two day wound management course in February 2015 with follow-up education in March 2015. The wound care clinical nurse consultant from the local hospital has also been accessed and is providing the home with ongoing advice on wound management as required. Healing rates of resident wounds have improved markedly. The number of resident wounds reduced between February and May 2015.
- In September 2014 the general manager consulted with the managers of the organisation's homes concerning the continence aid needs of residents. Homes had been in the habit of ordering continence aid supplies from a main supplier as well as from many other providers. The quality and suitability of available products was examined. The organisation decided to engage the services of one major continence aid supplier as they were able to provide optimum product quality and service for residents. Consequently there is now a uniform approach to the purchase and use of suitable continence aids. All residents' individual needs were assessed by staff in consultation with the provider and continence aids are ordered to closely match resident needs. A pouch which holds the resident's individualised pads for the day is now also provided for each resident and is kept in their wardrobe for easy access. The continence aid supplier has provided training for care staff. Staff and resident feedback has been positive.
- In February 2015 the home's senior registered nurses negotiated with the local hospital for a geriatrician to visit the home on a weekly basis to see any resident who required such consultation. The geriatrician expedites resident access within a week to a psycho-geriatrician via referral when needed. Staff have also arranged onsite visiting by the local palliative care specialist, a dietician and speech pathologist and regular visits by an optometrist and a dental technician for the convenience of residents who wish to access these services. Staff spoke positively about the benefits to residents' care resulting from ready access to these specialist services.

## **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 information regarding the system to ensure that the home complies with legislation and regulations relevant to residents’ health and personal care.

Examples of regulatory compliance related to Accreditation Standard Two:

- Registered nurses develop and review resident care plans
- Safe storage, administration and disposal of Schedule 8 medications
- Staff who require professional registration hold current registration certificates.

## **2.3 Education and staff development**

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

### **Team’s findings**

The home meets this expected outcome

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

Education recently arranged by the home relevant to Accreditation Standard Two includes: continence care, medication management, palliative care, pain management, dementia care, skin integrity and skin tear prevention, wound care, care planning, diabetes, nutrition and hydration.

## **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 systems and policies to ensure residents receive clinical care appropriate to their needs. The initial assessments form the basis of care needs of the residents. Care plans are developed and reviewed by registered nurses. The home has registered nurses on day roster, who can be contacted by staff for advice, 24 hours of the day. Regular ongoing monitoring of the residents’ changing clinical needs is documented into the care plan by registered nurses as needed. Case conferences are conducted involving the family and the resident. Staff interviews demonstrate they are knowledgeable about the care requirements of individual residents and procedures related to residents’ clinical care.

## **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

The home has effective systems to ensure the specialised nursing care needs of residents are identified and met by appropriately qualified staff. The specialised nursing care needs of residents are managed by registered nurses. Staff have access to resources from supply providers. Specialist medical and allied health professionals are accessed to review residents’ individual needs as required. Review of clinical records shows residents receive attention for diabetic management, complex wounds, complex pain management and other specialised nursing care needs. Interviews confirm residents/representatives are satisfied with the assessment and management of specialised nursing care needs of residents.

## **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 an effective system to refer residents to a range of health services including their choice of doctor, allied health services and other relevant clinical specialist providers to meet the residents’ needs and preferences. Review of care documents shows residents are referred to allied and other health professionals of their choice when necessary. Review of clinical records shows residents have access to specialists’ services including: dietician, optometry, podiatry, dental, speech pathology and other health related services. Residents/representatives are satisfied that referrals to appropriate health specialists are in accordance with the residents’ needs and preferences.

## **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 residents’ medication is managed safely and correctly. Medications are stored in lockable cupboards. Medications are administered by appropriately trained and competent staff. Administration of medications by staff is completed on the documented medication chart that is signed by the resident’s preferred doctor. Pharmacy supply medications on a regular basis. Review of medication incidents shows management of each incident is consistent with resident safety. Observation of medication administration confirms safe practice. Interviews with residents/representatives demonstrate satisfaction with residents’ medication management.



## **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

The home has systems to ensure all residents are as free as possible from pain. An assessment of pain is completed on entry to the home. Following assessment a care plan to manage the pain is developed. Review of documents shows pain assessment tools for both verbal and non-verbal experiences of pain are in use. Individual pain needs are considered to ensure the most appropriate method of pain relief is used for each resident. Review of documents shows residents are referred to external medical specialists to assist with pain relief as required. The home utilises the expertise of the physiotherapist to assist with pain management. Observation of staff practices shows consultation with residents about pain management. Interviews with residents/representatives demonstrate satisfaction with the way the home effectively manages residents’ 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 systems and processes to ensure the dignity and comfort of residents who are terminally ill is maintained in consultation with residents and their representatives. Analgesia and other pain relief measures such as massage are available to minimise residents’ discomfort. The home provides a room for families at this time. The home has access to external specialist palliative care support. We observed the palliative care team visiting the home during this site visit. Spiritual support for residents and their representatives is available as required. Advance care directives are in place. Residents/representatives confirm the home’s practices maintain residents’ comfort and dignity.

## **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

The home has systems to ensure residents receive adequate nourishment and hydration. Initial and ongoing assessment of residents’ dietary preferences and requirements occurs and this is communicated to the appropriate staff. Interviews with staff confirm residents’ special dietary needs are catered for and this includes special diets, pureed meals, thickened fluids and nutritional supplements. Review of documents confirms appropriate external health professionals are accessed when needed. Observations confirm the use of assistive devices to support independence during meal consumption. Interviews with residents/representatives demonstrate satisfaction with residents’ nutrition and hydration.

### **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

The home has systems to manage residents’ skin care effectively. An assessment of the resident’s skin integrity is completed on entry to the home and on an ongoing basis as required. The home has equipment to assist with the maintenance of skin integrity such as pressure relieving mattresses and other assistive devices. Interviews with staff confirm education on maintaining skin integrity. Observation of clinical stores confirms access to equipment for the maintenance of skin integrity. Interviews with residents/representatives demonstrate satisfaction with residents’ skin care.

### **2.12 Contenance management**

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to effectively manage residents’ continence needs. An assessment of continence requirements is undertaken on entry to the home. Following assessment an individual continence management program is documented and implemented. Review of documentation confirms there are programs tailored to the needs of residents. Interviews with staff confirm regular education and training on continence management. Observation of storage areas confirms the home has suitable levels of linen and continence aids. Interviews with residents/representatives demonstrate satisfaction with residents’ 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 home has systems and processes to identify and effectively manage residents with challenging behaviours. Staff perform initial and ongoing assessments to identify residents’ behaviour management needs. This includes identifying triggers and developing strategies as part of the process of developing a care plan. Registered nurses monitor and review the care plan regularly to assess its effectiveness and make changes if indicated. Documentation shows referrals to specialist medical, mental health and allied health teams are made as necessary. We observed the behaviour specialist visiting the home during the site visit. Interviews with staff and observations of their interactions with residents confirm appropriate management of behaviours. Interviews with residents/representatives demonstrate satisfaction with how staff manage residents’ challenging behaviours.

## **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

The home has systems to ensure residents receive assistance with mobility and dexterity. A mobility assessment is completed on entry to the home. The physiotherapist attends the home each week and is assisted by staff to implement customised mobility and exercise programs for residents. The physiotherapist has a physiotherapy aide who assists with mobility and dexterity treatments; and assists in the pain management program. Residents were observed accessing all living areas of the home safely, with appropriate mobility aids and assisted by staff when required. Interviews with residents/representatives demonstrate satisfaction with how the home manages residents’ 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

The home has systems to ensure residents’ oral and dental health is maintained. An assessment of the resident’s oral and dental needs is completed on entry to the home. This includes making arrangements for access to dental treatments. Review of documents confirms utilisation of dental services for residents. The home provides texture modified meals and fluids consistent with residents’ assessed oral and dental needs. Interviews with residents/representatives demonstrate satisfaction with oral and dental care provided to residents.

## **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

The home has systems to ensure residents’ sensory losses are identified and managed effectively. An assessment of the resident’s sensory loss is completed on entry to the home. The home has access to a number of visiting allied health professionals such as dietician, speech pathologists, audiologists, optometrists and others to assist with effective management of sensory loss. Review of documents confirms access to allied health services when the need arises. Care staff assist in the maintenance of visual and auditory aids. Lifestyle staff provide regular sensory stimulation activities to ensure sensory loss is reduced where possible. Interviews with residents/representatives demonstrate satisfaction with the way the home manages residents’ sensory loss.

## **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

The home ensures residents are able to achieve natural sleep patterns. An assessment of the resident’s normal sleep routines is undertaken on entry to the home. From the assessment an individual sleep management plan is completed, including the number of pillows, blankets, preferred settling time and other items are included. Interviews with staff confirm residents’ individual sleep needs are assessed and met. Interviews with residents/representatives demonstrate satisfaction with strategies to achieve natural sleep patterns for residents.

## **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 information regarding the home’s continuous improvement system. Improvements undertaken by the home relevant to Accreditation Standard Three, Care recipient lifestyle include:

- In response to a request from a representative in February 2015, the home has been emailing the activities calendar to families. This information has been very helpful to representatives as they can schedule visits to either participate in activities with the resident or to avoid missing the resident when they are on a bus trip. The information is also useful as a conversation trigger for representatives to talk to the resident about activities the resident has enjoyed during the week.
- The home purchased computer tablets approximately 12 months ago for residents to use in various activities. Staff also use the tablets to facilitate the use of Skype which has enabled residents to maintain contact with friends or relatives who live overseas or are unable to visit. Feedback from residents and representatives has been very positive.
- In March 2015 activities staff developed a *My Life* book for each resident. This initiative had been trialled at other homes and was found to be an effective resource to increase staff knowledge of each resident and their individual interests. Staff and family members have commented positively about the introduction of *My Life* books as they have helped staff engage the residents in conversation and reminiscing. The book is also a source of pride about past achievements and significant events in each resident’s life. One copy of the book is kept in the resident’s room and a second copy is kept by the lifestyle staff. A copy is given to the resident’s family as a keepsake when the resident leaves the facility or passes away.

### **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 information regarding the system to ensure that the home complies with legislation and regulations relevant to residents’ health and personal care.

Examples of regulatory compliance related to Accreditation Standard Three:

- Mandatory reporting guidelines and training have been implemented by the home in accordance with regulatory requirements.

- Residents/representatives are provided with a resident agreement in line with legislative requirements. Agreements cover security of tenure and residents' rights and responsibilities.

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

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

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

The home meets this expected outcome

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

Education recently arranged by the home relevant to Accreditation Standard Three includes: spiritual care, privacy dignity and respect, protocol for when to contact the person responsible, protecting older people from abuse, elder abuse and neglect, lifestyle program.

### **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

Residents and representatives are satisfied with staff support to help residents adjust to life within the home and to provide ongoing emotional support. There are systems to ensure each resident receives initial and ongoing emotional support through the entry and care review processes. These include the provision of a resident handbook, assessment of cultural and spiritual needs, care planning, case conferences and evaluation of the care provided. Residents are encouraged to personalise their room to help create a homelike atmosphere by bringing personal items. Staff provide residents with emotional support, including one-to-one interaction by care and lifestyle staff. Interviews with residents and their representatives demonstrate satisfaction with emotional support provided to residents.

### **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

Residents are encouraged to maintain their independence. Residents' preferences and abilities in relation to a range of activities of daily living and lifestyle are identified and documented in care plans and are included in the activity program. The activities program is designed to promote independence and community participation as well as encouraging friendships between residents. Staff also assist and encourage residents to participate in decision-making in relation to health care choices and their personal care. Interviews with residents/representatives demonstrate satisfaction with opportunities to maintain residents' independence provided by 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

Residents' consent is obtained to disclose certain information within the home. Staff recognise and respect each resident's privacy, dignity and confidentiality as demonstrated in observation of daily work practices. Examples include addressing residents by their preferred names, knocking prior to entering a resident's room and storing confidential resident records and belongings securely. Interviews confirmed residents/representatives are satisfied the resident's right to privacy, dignity and confidentiality is recognised and respected.

### **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

The home has systems to encourage and support residents to participate in a range of activities of interest to them. Lifestyle staff develop an individualised care plan in keeping with each resident's cognitive abilities and special needs to address their preferred lifestyle, cultural and spiritual preferences. The care plan is regularly reviewed and resident feedback sought to address changing needs and preferences. The home's activities calendar is based on resident interests. Lifestyle staff manage individual visits for residents who do not wish to participate in group activities. Some of the most popular activities include bingo, bus outings, and hand massage. Residents/representatives are satisfied that resident participation is encouraged and supported and the activities offered by the home are of interest to the residents.

### **3.8 Cultural and spiritual life**

*This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".*

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

The home meets this expected outcome

The home celebrates many culturally significant events for example, national days of celebration, residents' birthdays and others. The home has regular entertainers who are very popular with the residents. Review of lifestyle documents and interviews with staff confirm individual beliefs are fostered. The home has access to external spiritual practitioners of various faiths to meet individual resident needs. Observations and interviews show the home supports the celebration of individual cultural values. Interviews with residents/representatives demonstrate satisfaction with how the home meets residents' cultural and spiritual needs.

### **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

Residents are encouraged to participate in decisions about their care and the services provided by using processes such as case conferences, meetings and other feedback mechanisms. Information on residents' rights and responsibilities is included in the resident information package, resident agreement and is on display in the home. Observations confirm residents are provided with relevant information regarding meals, activities and other resident choices. Interviews confirm a process is in place to have comments and complaints managed at the appropriate level. Residents/representatives are satisfied with the approach to choice and decision making for residents in the home.

### **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

There are processes to ensure residents have secure tenure within the home and understand their rights and responsibilities. New residents are orientated to the home and ongoing communication is encouraged through planned and individual meetings. Residents and their representatives are consulted and consent gained prior to moving rooms. Residents/representatives are satisfied with the information provided by the home regarding security of tenure and residents' 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 information regarding the continuous improvement system. Improvements undertaken by the home relevant to Accreditation Standard Four, Physical environment and safe systems, include:

- Management identified the maintenance needs of the home were not being adequately met in a timely manner. Previously the permanent maintenance staff were only available on a single day of the week. Since October 2014 two maintenance staff were appointed to work at the home so that maintenance services are now provided on three days of the week. Staff advised maintenance tasks are now able to be completed promptly.
- A dedicated staff member for cleaning and laundry was appointed in November 2014. A much improved service is now available to residents. A schedule has been established so that residents know when their rooms are cleaned and laundry done. A notice has been attached to the back of resident doors informing them of their allocated days. Residents and representatives are very satisfied with this initiative and commented on the helpful staff member and the high quality of the cleaning and laundry services. The staff member also approached several family members who were doing their resident’s laundry privately to offer the home’s services and ask about any concerns or special needs. As a result the home’s laundry staff have now taken over this task, to the satisfaction of the family members.
- Management and staff identified the need to increase the number of hand sanitiser dispensers throughout the home and to substitute liquid sanitiser with a foam sanitiser. The liquid sanitiser solution often landed on the flooring during use, whereas the thicker foam solution is easier to dispense without spillage. Approximately 20 additional dispensers have recently been installed throughout the home. Staff and visitors now have easy access to assist with infection control and facilitate good hand hygiene practice.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance, for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Four include:

- A current fire safety statement is displayed.
- A current NSW Food Authority licence is held.

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

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

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

The home meets this expected outcome

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

Education and training sessions have been provided to staff in relation to the physical environment and safe systems. Some of the topics include: infection control and hand washing, spill kit usage, first aid, manual handling, fire safety, emergency evacuation, steam cleaning procedure, food safety and food handling.

#### **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 demonstrated it provides residents with a safe and comfortable environment consistent with their needs. Residents are accommodated in air conditioned single rooms with ensuite. Residents may personalise their living area. Sitting rooms and quiet areas are available for use with family and friends. Preventative maintenance schedules ensure the safety of the internal and external environment and equipment and maintenance requests are actioned promptly. The safety and comfort of the home is monitored through regular environmental audits, analysis of accident and incidents and hazard reporting. All residents have access to nurse call alarms, and neck pendants are also used by some residents as required. Residents/representatives stated they are satisfied with the maintenance and comfort of the environment provided at the home.

#### **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

The home actively works to provide a safe working environment that meets regulatory requirements. The organisation has a central work health and safety and return to work manager. Information regarding work health and safety is included in the home's induction and compulsory annual education programs, posted on notice boards, and work health and safety matters are included in staff meetings. Audits and environmental inspections are used to monitor workplace safety and the safety of the environment including an accident/incident/hazard reporting system which highlights areas for improvement. Safety data sheets are available for chemicals at point of use. Staff are provided with training and instructions on residents' manual handling needs and equipment is provided to support safe work practices. Staff are satisfied with the safety of their 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

The home has systems to ensure an environment and safe systems of work that minimise fire, security and emergency risks to residents and staff. These include regular checks of equipment by staff and external providers. Fire-fighting equipment inspection and testing is current and an annual fire safety statement is held. Fire/emergency/evacuation information is accessible to staff and the evacuation pack contains current resident information. Compulsory fire training is provided annually for staff to manage emergency situations and staff are aware of the evacuation process should it be necessary. The home is equipped with fire warning and fire-fighting equipment, sprinklers, extinguishers, fire blankets and evacuation plans. Emergency exits are clearly marked and free from obstruction.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program with systems for managing and minimising infections. The program includes staff education, audits, and discussion of infection issues at meetings. Staff monitor equipment temperatures, food temperatures, medication refrigerators and use colour coded equipment. Hand hygiene is available throughout the home. There are formal cleaning schedules to maintain hygiene levels. Observation and interview show staff have an understanding of infection control principles and guidelines. The home has access to personal protective equipment and supplies for handling an outbreak or infection.

#### **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 has procedures, policies, and duty lists for hospitality services and staff demonstrated practices are conducted in accordance with infection control and WHS guidelines. Meals are freshly cooked on site following a dietician reviewed rotational menu. Identified food preferences, allergies and special dietary needs are communicated to catering staff. Residents are consulted about menus. There is a food safety program and the home holds a NSW Food Authority licence. Cleaning staff follow schedules for residents' rooms and communal areas. Personal items are laundered by the home's laundry staff daily and there is a timely turnaround time. Staff deliver personal items to residents. Sufficient supplies of linen were observed. Feedback about services is given by residents through meetings and verbally. Residents/representatives stated they are satisfied with hospitality services available for residents.