



Australian Government

Australian Aged Care Quality Agency

Strathearn Village High Care Facility

RACS ID 2649
2-4 Stafford Street
SCONE NSW 2337

Approved provider: Strathearn Village

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for one year until 19 January 2018.

We made our decision on 23 November 2016.

The audit was conducted on 17 October 2016 to 19 October 2016. The assessment team's report is attached.

The period of accreditation will allow the home the opportunity to demonstrate that the recent improvements in care standards are sustainable, and will mean that the home is subject to another full audit within a relatively short period of time.

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.

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:

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.

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: 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 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 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.

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

Strathearn Village High Care Facility 2649

Approved provider: Strathearn Village

Introduction

This is the report of a re-accreditation audit from 17 October 2016 to 19 October 2016 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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 17 October 2016 to 19 October 2016.

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:	Trudy Van Dam
Team member/s:	Kathryn Mulligan

Approved provider details

Approved provider:	Strathearn Village
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Details of home

Name of home:	Strathearn Village High Care Facility
RACS ID:	2649

Total number of allocated places:	80
Number of care recipients during audit:	67
Number of care recipients receiving high care during audit:	67
Special needs catered for:	Nil

Street/PO Box:	2-4 Stafford Street
City/Town:	SCONE
State:	NSW
Postcode:	2337
Phone number:	02 6545 1255
Facsimile:	02 6545 2770
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Director of care	1
Care manager	1
Care staff	9
Therapy/lifestyle co-ordinator	1
Quality/education co-ordinator	1
Information technology support manager	1
Service and community manager	1
Service manager	1
Finance manager	1
Customer liaison officer	1
Fire officer	1
Care coordinator	1
Podiatrist	1
Physiotherapy aide	2
Care recipients	8
Representatives	2
Human resource manager	1
Infection control committee representatives	2
Work health and safety committee representatives	3
Volunteers	1
Laundry staff	2
Catering staff	6
Cleaning staff	3
Maintenance staff	1
Consultants	2
Registered nurses	3
Physiotherapist	1

Sampled documents

Category	Number
Care recipients' files	12
Care recipients' files – leisure and lifestyle, social, spiritual, cultural	5
Medication charts	15
Mobility plans	6

Other documents reviewed

The team also reviewed:

- Allied health folder
- Annual fire safety statement, fire safety inspection and fire maintenance records
- Assessment, care plan and case conference schedule
- Catering, cleaning and laundry: food safety plan, manual and associated temperature monitoring, sanitisation and cleaning records, NSW Food Authority licence, care recipients' dietary and food preference information, seasonal menu.
- Clinical care documentation including assessments, care plans, nursing, medical officers and allied health progress notes and reports, pathology reports, case conference notes, behaviour, weight, wound and pain information, observation charts, accident and incident reports, specialised nursing directives
- Comments and complaints register
- Continuous improvement documentation: continuous quality improvement plan, continuous quality improvement and compliance program 2016, residential quality audits schedule 2016, risk based audits, analysis of audits and results, data, clinical indicator data and trend analysis, clinical audits, clinical governance framework
- Dietician menu review report
- Drugs for destruction list
- Electronic accident, incident and risk reporting management system
- External services: contractor/supplier service agreements and contracts, contractor/supplier list, contractors orientation booklet
- Human resource management: new staff information pack, staff handbook, orientation program and checklist, signed privacy and confidentiality agreements and codes of conduct, position descriptions and duty flow statements, master roster, performance appraisals
- Infection control information: manual, trend data, outbreak management program, care recipients/staff vaccination records, pest control records, waste management information

- Information management: policies and procedures, newsletters, meeting schedule agendas and minutes of meetings, handover sheets, pre entry information pack, 'resident' (care recipient) handbook, computer files, clinical communication diary, resource directory of local allied health services
- Inventory and equipment: asset register, regular equipment maintenance schedule and reports
- Leisure and lifestyle: activities calendars, attendance lists, activity plans and evaluations, lifestyle team communication diary
- Maintenance records: thermostatic mixing valve service reports and temperature records, reactive and preventative maintenance work orders, cleaning schedule
- Mission, vision, values statements and commitment to quality
- Nursing procedure manual
- Organisational chart
- Policies and procedures
- Privacy and confidentiality consent to disclose care recipient personal information
- Regulatory compliance: mandatory reporting register, staff and volunteers police check certificate monitoring matrix, statutory declarations and visa monitoring check lists, professional registrations register, resident agreement
- Resident of the day folder
- Self-assessment report for re-accreditation and associated documentation
- Staff education: training needs analysis, education calendar, mandatory and non-mandatory training attendance records, sign sheets, competency assessments
- Weight management tracker
- Work health and safety: environmental audits, hazard registers, job safety analysis/risk assessment
- Wound assessment and spreadsheet folder

Observations

The team observed the following:

- Aged Care Quality Agency re-accreditation audit notices on display
- Care recipients interacting with staff, visitors, volunteers and other care recipients
- Charter of Care Recipients' Right and Responsibilities on display
- Daily menu displayed on notice boards
- Emergency response boxes and evacuation folders

- Equipment and supply storage rooms including clinical, medication and linen stock in sufficient quantities
- Fire safety systems and equipment: emergency warning information systems panel, annual fire safety statement, firefighting equipment, emergency response manuals and flip charts, emergency evacuation kit, disaster management plan
- Infection control: hand washing facilities and hand sanitisers, personal protective and colour coded equipment, spills kits, sharps containers, contaminated waste disposal, outbreak management kits
- Information noticeboards
- Interactions between staff, care recipients, representatives, volunteers
- Internal/external complaints mechanisms and advocacy brochures on display
- Living environment
- Lunch time meals in progress with staff assisting care recipients
- Medication rounds
- Medication storage
- Nurse call system
- Palliative care and heat pack trolleys
- Security systems and equipment: external lighting, closed system televisions, lockup procedures, sign in/out books
- Short group observation in Throsby dining room
- Staff work practices and work areas including: administration, clinical, lifestyle, 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 in their rooms
- Visitors sign in and out registers

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

Strathearn Village High Care Facility has systems and processes that support continuous quality improvement. A continuous improvement plan is developed including improvements identified at the home. The plan is maintained as a working document that reflects areas for improvements as they are identified. Information is obtained through comments and complaints, results of risk based audits and surveys, incident reports, meetings, observation and informal feedback from staff and care recipients/ representatives. Feedback to key stakeholders including management, staff and care recipients/representatives is through meeting minutes, emails, memorandums and newsletters.

- In July 2016 the home reviewed their quality management system and identified areas for improvement. Management contracted an external consultant, who reviewed the home's quality systems. As a result of the review the home ceased using the commercial audit tool they had in place and moved to risk based auditing across the 44 expected outcomes of the Accreditation Standards. The consultant developed a continuous improvement and compliance plan and commenced indepth data analysis. Documentation reviewed demonstrated the system is in progress and the continuous improvement/education co-ordinator and consultant said the system is working well.
- The home, as part of the continuous improvement process, reviewed their education and mandatory training program. A new training program/plan was developed. Since the new education program/plan has been in place there has been an increase in education linked to gaps identified in the continuous improvement program.

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

There are systems to identify and ensure compliance with relevant legislation. Information is obtained through peak industry bodies, circulars and bulletins from government bodies and professional organisations. Regulatory issues and updates are communicated to staff through memoranda, meetings and education sessions. Staff state they are made aware of regulatory issues and that they have access to information regarding legislative and regulatory requirements.

Examples of regulatory compliance with Accreditation Standard One include:

- Criminal history record checks are carried out for all staff.
- Contracts with external service providers confirm their responsibilities under relevant legislation, regulatory requirements and professional standards and include criminal history record checks for contractors visiting 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

Strathearn Village High Care Facility has a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. There is a comprehensive orientation program for all new staff and a buddy system is used to support the new staff during their first days of employment. There is an education program, including topics covering the four Accreditation Standards, which is developed with reference to regulatory requirements, staff input and from analysing audits results. There is a monthly compulsory education day which staff are required to attend annually. Records of attendance at training are maintained. Management and staff interviewed report they are supported to attend relevant education and training. Care recipients/representatives interviewed are of the view staff have the skills and knowledge to perform their roles effectively.

Education and training relating to Accreditation Standard One included such topics as: orientation, continuous improvement, electronic care program management, aged care funding instrument.

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

There is a policy and procedure for complaints management. Care recipients/ representatives are informed of internal and external complaints mechanisms on entry to the home. Complaints mechanisms are documented in the 'resident' handbook and in the residential agreement. Feedback forms for suggestions, comments and complaints and a locked suggestion box for confidential feedback are readily accessible to all stakeholders.

Management state they have 'an open door policy'. Brochures on the external complaints scheme and advocacy services are on display. Care recipients/representatives can also raise concerns and identify opportunities for improvement through care recipient meetings and informally. Care recipients/representatives said they feel comfortable raising issues of concern directly with staff and management.

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 has documented their mission, vision, values statements and commitment to quality. The mission, vision, values statements and commitment to quality are documented in the 'resident' handbook, in the staff handbook, in corporate information and are on display in the home. The home's mission, vision, values and commitment to quality are part of the staff orientation. The organisation is a community, not for profit home that has a board of directors,

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

Strathearn Village High Care Facility has skilled and qualified staff sufficient to deliver appropriate levels of care to care recipients. All new staff complete an orientation program at the commencement of their employment and work buddy shifts alongside more experienced staff. Staff practices are monitored through observation, skill assessments, appraisals, feedback and audit results. Staff rosters may be adjusted according to workloads and registered nurses are rostered on all shifts. Staff said they enjoy working at the home, they work as a team and mostly have sufficient time to complete shift duties. Care recipients/representatives expressed satisfaction with care provided by staff and care recipients said they are generally 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 results of observations, interviews and document review indicate appropriate stocks of goods and equipment for quality service delivery are available. This includes health and personal care supplies and equipment, food, furniture and linen. There is a system for monitoring and management of inventory and equipment. Appropriate levels of stock and equipment are achieved through the implementation of procedures for budgeting, purchasing, inventory control, assets management and are maintained through a corrective and annual planned preventative maintenance program. Staff confirm they have sufficient stocks of appropriate goods and equipment to look after care recipients and are aware of procedures to obtain additional supplies when needed.

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

There are information management systems to provide management and staff with information to perform their roles and keep care recipients/representatives informed. Assessments and clinical care notes provide information for care provisions. A password protected computer system facilitates clinical documentation, electronic administration and access to the internet and e-mail communication. Policies and procedures outline correct work practices and responsibilities for staff. Care recipients/representatives receive information when they come to the home and through meetings, case conferencing and newsletters. Mechanisms for communication between management and staff include meetings, memorandums, communication books, handover sheets, newsletters and noticeboards. Personal information is collected and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and care recipients/representatives report they are kept informed and consulted about matters that impact on 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 has systems and processes to ensure external services are provided to meet the care and service needs of care recipients. The home has preferred external suppliers and service contracts/agreements are maintained by the services manager. The home monitors the quality and effectiveness of services provided through consultation with appropriate stakeholders. There is a process to address, and if required change, external service providers when services received do not meet the needs of care recipients or the home.

Staff, care recipients/representatives are satisfied with the quality of services provided by external suppliers in meeting care recipient' needs.

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 about the home's system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Two and recent examples include

In July 2016 the home identified there was a need to increase the clinical governance of care recipients' care at floor level. The home advertised and recruited two registered nurses as clinical care co-ordinators. The positions commenced on 1 August 2016. Management advised the feedback from medical officers in relation to the positions have been positive.

Management has observed an increase in supervisory support for care staff and advised the positions have added to the overall clinical governance of care recipients' care.

- An external consultant contracted by the home reviewed the clinical systems at Strathearn Village High Care Facility. As a result of the review the home implemented the following:
- A clinical governance framework which includes a clinical governance meeting. The meetings review the overall clinical care systems and indicators for care recipient care.
- The implementation of a monthly care recipient of the day' system in which each care recipient is fully assessed in relation to care and environment. Management advised they are obtaining data which has assisted in improving care recipients' weight management/monitoring
- A schedule has been developed to facilitate annual case/care conferencing. The case/care conferencing involves the care recipient/representative, the care recipient's medical officer, the care manager, clinical care co-ordinator, registered nurse and/or care staff as needed. Case/care conferencing commenced August 2016 and 40 case/care conferences have been attended to date. Management advised this is a beneficial process.

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 about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Examples of regulatory compliance with Accreditation Standard Two include:

- The home demonstrates registered nurses have responsibility for care planning of high level care recipients in accordance with the specified care and services of *The Quality of Care Principles 2014*.
- The home has a policy and procedures for the notification of unexplained absences of care recipients and maintains a register for recording these absences in accordance with *The Accountability Principles 2014*.

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 about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Example of education and training attended by staff relating to Accreditation Standard Two include: behaviour management, care reviews, falls, nutrition and hydration, pain management palliative care, weight management, wound care.

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 processes to enable care recipients to receive clinical care appropriate to their needs. Clinical care needs are identified on entry to the home. A series of computerised assessments identify the care recipient’s needs. Care plans are generated based on the results of the assessments undertaken and on information received from medical officers, transfer documentation and from care recipients and representatives.

Clinical care is monitored and reviewed by the care manager, care coordinators and registered nurses. Staff described the home’s clinical care processes and are knowledgeable about care recipients’ clinical care requirements. Care recipients/representatives interviewed said they are satisfied with the care provided by staff.

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 systems to ensure care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. When a care recipient moves into the home their specialised nursing care needs are assessed and care plans are developed. The registered nurses manage all care recipients specialised nursing needs and communicate the information via the medical communication book, faxes or telephone calls to medical officers. Case conferences are held annually and as required with family or persons responsible. Staff reported they have the education, skills and equipment to meet care recipient specialised nursing care needs. Staff explained they consult with specialised nursing care services including palliative care, dieticians and speech pathologists as required.

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

Clinical assessments, the care recipient’s medical history and consultation with the care recipient/representatives provides information on the care recipient’s requirements for accessing health related services. Examples of health specialists visiting the home include physiotherapy, podiatry, dietetics, dentist, speech pathology and a geriatrician. Care recipients’ care plans and progress notes include health specialists’ recommendations and ongoing care interventions. Care recipients/representatives are satisfied with the access and availability of other health specialists and related services.

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 policies and processes to ensure care recipients’ medication is managed safely and correctly. A review of medication management documentation including medication charts shows doctors regularly review medications and charts are documented appropriately. Staff who administer medications receive education in medication management. The home’s medication management system is audited and reviewed in line with legislated requirements and in consultation with an accredited pharmacist. A review of documentation shows accidents/errors in medication management are reported and followed up immediately. The pharmacy offers after hours and emergency delivery of medications if required. Care recipients/representatives are satisfied with the home’s approach to the safe and correct management of medication.

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

A review of documentation and interviews with staff show care recipients’ pain is assessed on moving to the home and pain management strategies are developed in consultation with the care recipient, their representatives and others involved in their care. Cognitive abilities are taken into account when assessing and developing strategies and staff observe care recipients for non-verbal indicators of pain. A pain management program is managed and overseen by physiotherapist and care coordinators. Care recipients/representatives interviewed said staff use a variety of pharmaceutical and other interventions to ensure care recipients are as free as possible from pain including emotional support, massage, change in position and gentle exercise and their individual preferences are taken into account at all times.

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 demonstrates that the dignity and comfort of care recipients who are terminally ill is maintained in consultation with care recipients and representatives. There are systems to ensure care recipients and representatives have the opportunity to record their end of life wishes. The registered nurses oversee the palliation of care recipients. Document review and interviews with representatives demonstrate that the staff and health professionals are committed to supporting care recipients at the end of their lives. Care recipients’ representatives confirm the home’s practices maintain care recipients’ 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 implements initial assessments of care recipients’ dietary requirements when they first move into the home including likes and dislikes, allergies and special diets which are provided to catering for implementation. Information from the assessments generates the individualised nursing care plan. Care recipients are weighed regularly with results followed up and supplements provided if necessary. Vitamised meals, extra fluids, extra fibre and thickened fluids and extra snacks are provided as needed. Staff were observed assisting frail care recipients to eat meals in a quiet and dignified manner. Specialised drinking and eating aids are available and in use at the home. Care recipients food and fluid intake is monitored when necessary. Care recipients interviewed state satisfaction with the meals provided at the home.

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 maintain care recipients’ skin integrity consistent with their general health through initial and ongoing assessments and care planning. Care staff observe and report changes such as redness, skin tears, pressure areas or bruising to the registered nurse. The care coordinator oversees the provision of skin and wound care management.

Care staff confirmed they assist care recipients to maintain their skin integrity by using equipment such as pressure relieving devices, repositioning and safe manual handling practices. Podiatry services are available at the home. Monitoring of accidents and incidents including wounds, skin tears and bruises occurs through the incident reporting system. Care recipients/representatives say they are satisfied with the skin care provided at the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home demonstrates that care recipients’ continence is managed effectively. All care recipients are assessed for their continence needs on entry to the home and an individualised continence program is developed with the assistance of the continence advisor. A review of the clinical documentation and interviews with staff confirm the continence strategies are developed for each care recipient and care plans are reviewed to ensure the continence needs are met. We observed that the home has a range of continence care products and aids to assist in maintaining and promoting continence of care recipients. Care

recipients/representatives interviewed reported satisfaction with the program, stating that the home manages care recipients continence effectively.

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 to ensure care recipients with challenging behaviours are managed effectively. Care recipients with challenging behaviour are initially assessed to ensure the home can meet their needs prior to entry to the home. Appropriate referrals are made with informed consent and care plans to manage challenging behaviour are regularly reviewed and evaluated for effectiveness. Access to specialist behaviour management services is arranged when necessary. Other care needs that impact on behaviour such as pain management and sleep are also considered when assessing behaviours. Staff interviews and observation of staff/care recipient interaction confirm staff are familiar with appropriate behaviour management strategies. Care recipients/representatives confirm they are satisfied with the home’s management of behaviour and the care provided.

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 demonstrates that each care recipient’s level of mobility and dexterity is optimised. A program to maintain or improve mobility is developed and is carried out as documented.

Changes in mobility are identified and documented as part of the care planning process. Manual handling and falls risk management assessments are completed. Mobility aids, independent living aids and appropriate activities are available to all care recipients and are consistent with individual care plans and identified care recipient needs. Care recipients are encouraged to join in various individual and group activities and participate in outings in the local community.

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 care recipients’ oral and dental health is maintained. On entry to the home care recipients’ oral and dental health is assessed and strategies documented on the care plans. A local dentist visits the care recipients in the home for assessment and diagnosis. Care recipients are assisted to attend dental services in the community as needed. Care staff assist or prompt care recipients with teeth and denture cleaning and report any changes in oral health to the registered nurse and this is documented

in the care planning system. Care recipients/representatives advised oral and dental health of the care recipients is maintained.

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 a system to assess, monitor and evaluate care recipients’ senses to ensure they are managed effectively. A review of clinical documentation and care plans showed the home liaises with allied health services. Staff ensure care recipients are wearing their spectacles and hearing aids and that they are functioning correctly. The activities program provides opportunities for a range of sensory stimulation activities. Care recipients expressed satisfaction with the management of their 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 provides an environment and support for care recipients to assist them to achieve their natural sleep patterns. Assessments are completed to identify usual sleep patterns and preferred routines prior to settling for the night. The information identified is then incorporated into care plans. Care recipients are kept as free from pain as possible, and the use of continence aids minimises disturbance during the night. Care recipients/representatives indicated they are satisfied with the care and attention staff provide care recipients achieve an optimal sleeping pattern.

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 about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Three and recent examples include:

The home identified the need to streamline the care recipients’ admission process with the aim to provide a person of contact for new care recipients and/or their representative. A staff member was appointed to the position of customer liaison officer. This role is responsible for being the primary contact for all new care recipients and/or their representative. The role is also responsible for providing emotional support for care recipients who have been assessed as palliative care and for those care recipients in need of additional emotional support.

The home contacted a dementia consultant in July 2016 to review the lifestyle/program and environment for care recipients living with dementia. In response to the dementia consultant’s suggestions the home implemented ‘activity’ trolleys. These trolleys contain various pieces of equipment that allow staff to be able to facilitate an activity for care recipients who may benefit from after hours activity. The therapy/lifestyle supervisor said they have received positive feedback from staff.

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 about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Examples of regulatory compliance with Accreditation Standard Three include:

- All care recipients are offered a residential care agreement which includes security of tenure and the care and services that are to be provided and meet the requirements of The Aged Care Act 1997 and The User Right principles 2014. The agreement has been

updated to include changes to legislation on 1 July 2014 in relation to rates and accommodation bonds.

- The home has a policy and procedures for the mandatory reporting of alleged and suspected assaults and maintains a consolidated register of these incidents.

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 about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Example of education and training attended by staff relating to Accreditation Standard Three include: emotional support, privacy and dignity, lifestyle assessment tools, elder abuse and mandatory reporting.

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/representatives reported that emotional support is given by staff to care recipients when they first arrive and that support is ongoing. Care recipients new to the home are supported by a customer liaison officer through regular visits during their settling in period. The customer liaison officer is available to care recipients' who require additional emotional support. Care recipients' are introduced to other care recipients and to the community at the home. Assessments identify any specific needs relating to emotional support for individual care recipients. Staff provide ongoing support to care recipients by encouraging them to participate in life at the home while also respecting their independence.

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

Strathearn Village High Care Facility has processes which encourage care recipients' independence and participation in community life. Each care recipient's level of independence and their need for assistance is assessed on entry to the home and reviewed as needed. Independence is promoted through encouraging care recipients' choices in their lifestyle. The

home promotes care recipients' links with the community through bus trips, and in providing opportunities for care recipients to interact with volunteers and other visitors.

Care recipients/representatives said they are satisfied with the home's processes to maximise care recipients' community involvement and independence.

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

Staff recognise and respect each care recipient's privacy, dignity and confidentiality. Staff sign confidentiality agreements on commencement of employment and confidential care recipient records are stored securely. Care recipients sign consent relating to disclosure of personal information. Staff demonstrated an awareness of privacy and dignity considerations in their daily practices, such as addressing care recipients by their preferred names and knocking on doors prior to entering care recipients rooms. Care recipients/representatives are satisfied the care recipient'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

There is a lifestyle program developed from information obtained from care recipients/representatives about their life stories, interests, hobbies and special life events. Care recipients' needs and preferences are communicated to staff in individualised social, spiritual and cultural care plans. The home has a day centre where both care recipients and community clients participate together in activities. There is a range of activities offered including but not limited to; music, sensory stimulation, craft and social outings Care recipients/representatives are satisfied with the lifestyle program.

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 has a system to promote care recipients' interests, customs, beliefs and cultural backgrounds that are identified during the assessment process. Care recipients are encouraged to maintain any cultural and spiritual links in the community. Regular religious services are held at the home. Days of cultural significance are celebrated. Care recipients are satisfied with the support provided for 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

Strathearn Village High Care Facility has processes to ensure each care recipient (or their representative) participates in decisions about the services received by the care recipient. Where care recipients are unable to make choices for themselves, an authorised decision maker is identified. Care recipients are provided with choices concerning their personal care regimes, cultural and spiritual choices, waking and sleeping times. Choices are also available regarding participation in activities, hairdressers and choice of medical officer. Care recipients/representatives said staff support care recipients in making their own lifestyle choices and decisions.

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

Information is provided to explain care and services for new care recipients and/or their representative prior to entry to the home. A residential agreement is offered to each care recipient and/or representative to formalise occupancy arrangements. The agreement and the 'resident' handbook and pre entry pack include information about their rights and responsibilities, care and services provided, fees and charges, complaints handling, their security of tenure and the process for the termination of the agreement. Care recipients/representatives said they are satisfied with the information provided by the home regarding security of tenure and 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 information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Four and recent examples include

The home reviewed their manual handling policy, staff practice, training and compulsory assessment. The aim was to improve staff practice in line with current ‘better practice’ principles and in line with the home’s work health and safety obligations. A resource folder was developed. All staff attended manual handling training and competency assessment in August/September 2016 by an external provider.

In response to a recent audit and feedback from a departmental advisory report the home reviewed their emergency procedure manual. This led to a review of the home’s disaster manual and evacuation pack. The home then updated and streamlined information pertaining to practice and safety. An administration staff member who is on the work health and safety committee is responsible for maintaining the information within the evacuation packs.

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 about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Examples of regulatory compliance with Accreditation Standard Four include:

- The home has a NSW Food Authority licence as required by the Vulnerable Persons Food Safety Scheme and has a food safety program audited by the NSW Food authority.
- A system to ensure compliance with fire safety regulations and building safety codes.

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 about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Example of education and training attended by staff relating to Accreditation Standard Four include: infection control, fire safety, manual handling and safe 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

Strathearn Village High Care Facility is actively working to provide a safe and comfortable environment consistent with care recipients' needs. The home provides accommodation for care recipients in single and multiple bedded rooms with shared bathrooms. There are lounge and dining areas together with an activity centre. We observed that care recipients are able to personalise their rooms. Regular environmental audits are carried out to identify maintenance issues or hazards and to monitor cleanliness. There are systems for preventative and reactive maintenance. Observation of the home and feedback from care recipients/representatives and staff show management provides a safe and comfortable environment in line with care recipients' needs.

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 has a system to ensure management and staff are provided with a safe working environment that meets regulatory requirements. The system involves audits, accident reports and hazard reporting procedures and results are discussed at work health and safety (WHS) meetings. Policies, procedures and notices inform staff of WHS regulations and guidelines. Each staff member receives a job safety analysis/risk assessment for relevant tasks they are required to perform within their roles. The home holds regular WHS meetings with representatives from all departments. There is a staff member responsible for the safe return to work of any staff member who is injured in the workplace. Staff said they have attended relevant education and demonstrated awareness of WHS practices

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

There is a system to provide an environment and safe systems of work that minimise fire, security and emergency risks. A trained fire safety officer oversees fire safety at the home and staff take part in mandatory training in fire and evacuation procedures. The home is fitted with appropriate firefighting equipment and warning systems. There are flip charts with guidelines for the management of key emergency situations such as bomb threats. Security is maintained with closed circuit television surveillance, security lighting and lock-up procedures at night. The systems to minimise fire, security and emergency risks are monitored through internal risk based audits and by external inspections. Staff indicate they know what to do in the event of an emergency and care recipients said they feel safe in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Strathearn Village High Care Facility has policies and practices that support an effective infection control program. Staff receive training at orientation and on an ongoing basis. The system includes auditing surveillance, cleaning, maintenance, food safety programs, linen handling procedures, pest management and disposal of waste. There is a program to ensure temperature checks are in accordance with regulatory guidelines for food and equipment.

Information on infections is collected, analysed and discussed with staff at meetings. Hand washing facilities and hand sanitising agents are located throughout the home and staff have access to sufficient supplies of appropriately colour coded infection control equipment. We observed staff complying with infection control practices including the use of personal protective equipment.

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 hospitality services provided are meeting the needs of the care recipients and are enhancing their quality of life. Meals are freshly cooked on site. Identified food preferences, allergies and special dietary needs are communicated to catering staff. Care recipients are consulted about menus and their preferred daily choices. There is a food safety program in place. Cleaning staff are in attendance daily and follow schedules for care recipients' rooms and communal areas. All areas were observed to be clean. The home launders both personal clothing and linen on site. Care recipients/representatives said they are satisfied with hospitality services available for care recipients.