



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

**Reconsideration Decision**

**St Vincent's Care Services Edgecliff RACS ID: 0275**

**Approved Provider: St Vincent's Care Services Ltd.**

**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 1 February 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 31 August 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 29 September 2015 to 29 July 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 1 February 2018

Accreditation expiry date 29 July 2019



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Albert Court Aged Care**

RACS ID 0275  
2-6 Albert Street  
EDGECLIFF NSW 2027

**Approved provider: St Vincent's Health & Aged Care Limited**

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 29 September 2018.

We made our decision on 31 August 2015.

The audit was conducted on 04 August 2015 to 05 August 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

<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Principle:</b> 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.	
<b>Expected outcome</b>	<b>Quality Agency decision</b>
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

<b>Standard 2: Health and personal care</b>	
<b>Principle:</b> 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.	
<b>Expected outcome</b>	<b>Quality Agency decision</b>
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

<b>Standard 3: Resident lifestyle</b>		
<b>Principle:</b>		
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.		
<b>Expected outcome</b>		<b>Quality Agency decision</b>
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

<b>Standard 4: Physical environment and safe systems</b>		
<b>Principle:</b>		
Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.		
<b>Expected outcome</b>		<b>Quality Agency decision</b>
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



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

# **Audit Report**

**Albert Court Aged Care 0275**

**Approved provider: St Vincent's Health & Aged Care Limited**

## **Introduction**

This is the report of a re-accreditation audit from 04 August 2015 to 05 August 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 04 August 2015 to 05 August 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:	Frances Stewart
Team member/s:	Greg Foley

## Approved provider details

Approved provider:	St Vincent's Health & Aged Care Limited
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## Details of home

Name of home:	Albert Court Aged Care
RACS ID:	0275

Total number of allocated places:	39
Number of care recipients during audit:	38
Number of care recipients receiving high care during audit:	20
Special needs catered for:	

Street/PO Box:	2-6 Albert Street	State:	NSW
City/Town:	EDGECLIFF	Postcode:	2027
Phone number:	02 9362 4978	Facsimile:	02 9362 9067
E-mail address:	awade@albertcourt.com.au		

## Audit trail

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

### Interviews

	Number		Number
St Vincent's care services /Director of care service	1	Care recipients/representatives	10
General manager	1	Volunteers	2
Assistant general manager	1	Physiotherapist	1
Acting quality coordinator	1	Recreational officers	2
Director of human resources	1	Chef	1
Pharmacist	1	Cleaner	1
Registered nurses	4	Catering staff	1
Administration assistant	1	Accountant	1
Care staff	4		

### Sampled documents

	Number		Number
Care recipients' files	7	Medication charts	12
Ongoing assessment care plans	7	Service/supplier agreements	8
Weights documentation	7	Personnel files	2
Blood glucose monitoring documentation	4	Multipurpose charts for blood pressure monitoring	3

### Other documents reviewed

The team also reviewed:

- Accident/incident log
- Cleaning manual and schedule
- Clinical and care assessment documentation: initial and ongoing care needs and preferences such as care recipient dietary preferences, continence, behaviours, sleep, skin integrity, pain, mobility, falls risk, toileting, oral health and physiotherapy and leisure and lifestyle
- Communication book folder
- Communication systems – for medical officers and care staff, newsletters, notices and memoranda
- Complaints records
- Continuous improvement plan and quality activity program
- Daily activities folder
- Education program, attendance records and competencies
- Equipment inventory

- Family conferences folder
- Fire safety inspection and maintenance records and annual fire safety statement
- Food safety program and records
- Hair and beauty lists folder
- Infection surveillance program, reports and vaccination records
- Job descriptions and duties lists
- Maintenance schedule and service reports
- Mandatory reporting register
- Medication management documents including schedule eight drug records
- Meeting schedule and minutes
- Menu and dietary choice records
- NSW Food Authority audit report and licence
- Physiotherapy management documentation
- Police certificate guidelines and register
- Policy and procedures manuals
- Re-accreditation self-assessment
- Record of professional registrations
- Resident handbook
- Service agreements
- Staff appraisals
- Staff handbook
- Staff orientation checklist
- Staff roster
- Supplier and service provider lists and contractors' handbook
- Volunteer orientation pack folder

### **Observations**

The team observed the following:

- Activities in progress
- Activities room
- Australian Aged Care Quality Agency re-accreditation audit notices displayed throughout the home
- Complaints mechanisms forms, notices and brochures available
- Daily menu on display in each dining room
- Dining rooms during lunch and beverage services with staff assistance, morning and afternoon tea, including care recipient seating, staff and supervising, use of assistive devices for meals, care recipients being assisted with meals in their rooms
- Emergency evacuation kit
- Equipment and supply storage areas



- Evacuation plans and emergency procedures flip charts throughout the home
- Firefighting equipment and fire detection and alarm system
- Infection control equipment and resources
- Interactions between staff and care recipients and relatives
- Living environment (internal and external)
- Medication rounds and safely stored medications
- Mission statement, philosophy and objectives on display
- Noticeboards
- Secure document storage including care recipient and staff files, secure access to computer system
- Security and surveillance system
- Short structured group observation in the lounge dining room
- Staff clinical areas including medication trolleys, wound management equipment, clinical information resources and computer terminals
- Staff room and work areas
- Visitor sign in/out books

## 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

A quality management system is in place and the home is actively pursuing continuous improvement. Areas for improvement are identified through input from all stakeholders using mechanisms that include: suggestion and feedback forms, regular meetings, a program of audits and surveys, and analysis of monitoring data. All opportunities for improvement that are identified are recorded on a continuous improvement plan that enables the planning, implementation and evaluation of the improvements. This process is coordinated by the management team with the support of a quality activities committee. Care recipients/representatives and staff are encouraged to actively contribute to this process and those interviewed report they are aware of the ways they can make suggestions for improvement. They say management is responsive to suggestions and they are consulted and kept informed about improvements at the home.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard One and recent examples of this are listed below.

- In July 2015 the ownership of the home was transferred to a new approved provider. While the home is undergoing a period of transition the changes will provide a number of benefits for the home. The management of the home will be integrated with the systems of the new approved provider and will have the support and resources of a larger organisation. The home will also have improved access to a wide range of aged care and medical services that the new approved provider offers.
- As part of the integration of the home into a larger organisation a new electronic staff sign on/off system has been introduced. It is easier for staff to use and is a more efficient and accurate system for recording staff working hours. It also provides real time information for analysis and management of staffing levels and skills mix.
- In response to increased care recipient needs new equipment has been purchased. This includes a number of new dining chairs with wheels for ease of movement towards and away from dining tables. An additional lifter, an oxygen concentrator, extra comfort chairs and commodes were also purchased. This has resulted in improved comfort and safety for care recipients and improved work health and safety for staff.

## 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 identifies all relevant legislation, regulatory requirements, professional standards and guidelines through information forwarded by government departments, peak industry bodies and other aged care and health industry organisations. This information is disseminated to staff through updated policies and procedures, regular meetings, memos and ongoing training. Relevant information is disseminated to care recipients and their representatives through meetings, newsletters, notices on display in the home and personal correspondence. Adherence to these requirements is monitored through the home’s continuous quality improvement system, which includes audits conducted internally and by external bodies. Staff practices are monitored regularly to ensure compliance with regulatory requirements.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard One.

- Police certificates are obtained for all staff.
- Contracts with external service providers confirm their responsibilities under relevant legislation, regulatory requirements and professional standards, and include police certificates for contractors visiting the home.
- There is a system for the secure storage, archiving and destruction of personal information in accordance with privacy legislation and regulations relating to residents’ records.
- Residents/representatives were informed of the re-accreditation site audit in accordance with the Quality Agency Principles 2013.

## 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

There is a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The recruitment process identifies the knowledge, skills and education required for each position. There is an 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 staff input, performance appraisals, regulatory requirements, and management assessments. The program includes in-service training by senior staff, training by visiting trainers and suppliers, on the job training, on-line training and access to external training and courses. Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through performance appraisals and competency assessments. Management and staff interviewed report they are supported to attend relevant internal and external education and training. Care recipients/representatives interviewed say staff have the skills and knowledge to perform their roles effectively.

Education and training relating to Accreditation Standard One included such topics as: the mission, philosophy and objectives of the organisation; policies and procedures; quality improvement; accreditation; and information technology and software systems. One staff member also completed a Diploma in human resources management.

#### **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

Care recipients and their representatives are informed of internal and external complaint mechanisms through the handbook for care recipients, discussion during orientation to the home, notices and at care recipient meetings. Forms for comments and complaints are available in the home and brochures about an external complaint mechanism are also available. Management maintains a log of all comments and complaints and we noted issues raised are addressed in a timely manner with a satisfactory resolution. Care recipients and their representatives can also raise concerns and identify opportunities for improvement through care recipient meetings, satisfaction surveys and informally. Care recipients/representatives say they are aware of how to make a comment or complaint and feel confident concerns are addressed appropriately.

#### **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 mission, philosophy, objectives and commitment to quality are well documented and on display in the home. They are also available to all care recipients and their representatives, staff and other stakeholders in a variety of documents used in the home. The mission and philosophy of the home are included in the orientation program and all staff are required to abide by a code of conduct that is aimed at upholding the rights of care recipients and the home's objectives and commitment to quality. Feedback from care recipients/representatives and staff and observations of staff interaction with care recipients demonstrated the mission and philosophy of the home underpin the care provided to the care recipients.

#### **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

Management has systems to ensure there are appropriately skilled and qualified staff to meet the needs of the care recipients. New staff are screened through the recruitment process to ensure they have the required skills, experience, knowledge and qualifications for their roles. There are job descriptions for all positions and policies and procedures provide guidelines for all staff. The staffing mix and levels are determined with reference to care

recipients' needs, a range of clinical monitoring data and feedback from staff and care recipients/representatives. Relief staff are drawn from existing permanent and casual staff to ensure any vacancies that arise in the roster are filled. The performance of staff is monitored through appraisals, competencies, meetings, audits, the feedback mechanisms of the home and ongoing observations by management. Staff interviewed said they have sufficient time to complete their designated tasks and meet the needs of care recipients. Care recipients/representatives report their satisfaction with the care provided by the staff.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home demonstrated it has a system to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. The home uses a list of approved suppliers and responsibility for ordering goods is delegated to key personnel in each department. An asset register is kept and there is a program to ensure all equipment is maintained in safe working order. The system is overseen by management and monitored through regular audits, surveys, meetings and the feedback mechanisms of the home. We observed adequate supplies of goods and equipment available for the provision of care, to support the lifestyle choices of care recipients and for all hospitality services. 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 effectively and keep care recipients/representatives well informed. Clinical documentation, which is regularly reviewed, provides the necessary information for effective care. Electronic records are password protected and regularly backed up. Policy and procedure manuals and job descriptions outline correct work practices and responsibilities for staff. Care recipients/representatives receive information when they come to the home and through meetings, case conferencing, notices and newsletters. Mechanisms for communication between and amongst management and staff include meetings, memos, communication books, feedback and reporting forms, newsletters and noticeboards. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and care recipients/representatives report they are kept well 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

There is a system to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. The home accesses externally sourced services to meet needs across the four Accreditation Standards from a list of approved service providers. Service agreements are entered into with contractors for the provision of services and all external service providers are required to have current licences, insurance and comply with relevant legislation and regulatory requirements. There are schedules for all routine maintenance work to be undertaken by contractors and there is a list of approved service providers who are used on a needs basis. Care recipients are able to access external services such as hairdressing, beauty therapy, podiatry and other allied health professionals. The services provided are monitored by management through regular evaluations, audits and the feedback mechanisms of the home. Care recipients/representatives, staff and management interviewed say they are satisfied with the external services provided.

## **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 of this are listed below.

- Due to the increasing needs of care recipients many were unable to access external dental services. In response the home has engaged a mobile dental service. A dentist visits the home periodically, bringing portable equipment, and is able to provide general dental care on site. The service is offered to all care recipients. This has improved the dental care at the home and those who have used the service are very satisfied.
- Management identified the need for further pain management for care recipients. An extra registered nurse was employed one day per week to provide massage for care recipients experiencing pain. This has improved the pain management at the home.
- In response to increased care recipient needs extra physiotherapy hours have been introduced. The physiotherapists are engaged to assess care recipients mobility needs, review falls and provide treatment as needed. This has resulted in increased mobility of care recipients and a reduction in falls.

### **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.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Two.

- A record is kept of the current registration of registered nurses and other health care professionals.
- Medications are administered safely and correctly in accordance with current regulations and guidelines.
- Government and industry body resources are available to management and staff on topics relating to health and personal care.

- The home has a policy and procedures for the notification of unexplained absences of care recipients and maintains a register for recording these incidents.

### **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.

Education and training relating to Accreditation Standard Two included such topics as: pain management, oral and dental care, dementia care, behaviour management, hearing and hearing aids, continence management, medication management, wound care, palliative care, speech pathology, and eye care. One nurse also attended a massage therapy course.

### **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 care recipients receive clinical care appropriate to their needs. Information obtained when care recipients move into the home, together with a range of assessments is used to prepare individual care plans. Registered nurses’ review and update care plans every four to six months or as necessary. Regular consultation with the local medical officer of choice and other relevant health care professionals ensures that ongoing needs are met. The staff described the processes and are knowledgeable about the care requirements of individual care recipients and procedures related to clinical care. The changes to the care recipient’s health status are communicated to the staff via the progress notes, communication book, verbal handover and the appointment book. Care recipients/representatives confirm that the care they receive is appropriate and meets their needs and preferences.

### **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 identify and meet care recipients specialised nursing care needs. This includes initial and ongoing assessments and appropriate care delivery that is regularly reviewed and evaluated. Input is sought from other health professionals as required. All staff follow the infection control guidelines and better practice in carrying out the nursing care. Residents’ documentation identifies they have been referred to a range of specialists to assist the home manage care recipients complex and specialised needs. The registered nurses oversee the specialised care needs at the home. Interviews with care recipients confirm that the specialised nursing care needs are assessed and managed appropriately by staff.



## **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 a system to ensure that care recipients needs and preferences are assessed on entry to the home and are referred to appropriate health specialists accordingly. All care recipients’ clinical notes, reviewed, indicate they have been referred to a wide range of health professionals of their choice when necessary. The appropriate changes are being documented in the care plans for the staff to follow. Care recipients and the representatives interviewed say they are satisfied with the referral system to health specialists.

## **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 demonstrates that the management of medication is safe and meets relevant legislative and regulatory requirements and professional standards and guidelines. A pre packed medication system whereby medications are packed by a pharmacist and administered by appropriate staff is in place. There is a process for effective communication between the home, doctors and pharmacies when there are changes to a care recipient’s medication regime. Care recipients who self-medicate undergo assessment for capacity by their medical officer. Staff are required to demonstrate competency with medication management, internal audits and review of medication management are conducted and a multidisciplinary Medication Advisory Committee meets regularly. Comprehensive education and training is provided by both the external pharmacist and the registered nurse as required. Care recipients and representatives confirm they are satisfied with the home’s 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

The home has systems and processes to ensure care recipients’ pain management needs are regularly assessed, monitored, reviewed and documented. Care staff demonstrate an ability to recognise and evaluate pain, including nonverbal and behavioural signs of pain among care recipients with communication and cognitive deficits. Referral to health professionals such as the pain clinic and the palliative specialists occurs as required. The success of individual pain management strategies are evaluated and documented on an ongoing basis. Alternative strategies to medication interventions for the management of pain are provided. These include repositioning of the resident, massage and the application of heat-packs. Care recipients and their representatives confirm that staff regularly monitors residents’ pain relief needs and that they are maintained as free as possible from pain.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home can demonstrate that the dignity and comfort of care recipients who are terminally ill is maintained in consultation with care recipients and their representatives. Staff at the home attend education about managing the palliative care needs and have access to appropriate health professionals for advice and assistance. The registered nurse is available on call as required. Analgesia, as well as pressure mattresses and equipment such as heat packs are available to minimise care recipients’ distress and to ensure care recipients’ comfort. Members of the church provide spiritual support for care recipients, their representatives and staff. 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 demonstrates care recipients receive adequate nutrition and hydration. Regular assessments of care recipients’ dietary and hydration preferences and needs are conducted and communicated to relevant staff. A rotating menu is provided and care recipients and representatives are involved in the choice of meals. Dietary supplements, special diets and specially prepared food for care recipients with swallowing difficulties is available as required. All meals are cooked onsite. There is regular consultation with the care recipients/representatives and relevant others such as medical officers, dieticians and speech pathologists about nutrition and hydration needs and strategies to ensure these are effectively met. Care recipients interviewed confirm they are very satisfied with the home’s approach to meeting their nutrition and hydration needs.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ skin integrity is assessed on moving to the home and risk factors are identified and included in care plans. Ongoing assessment documentation reviewed includes risk assessments, regular care plan reviews, documentation of care and providing for hygiene, continence, hair and nail care needs ensuring the care recipient’s skin integrity is consistent with their general health. Staff are educated in manual handling and care recipients’ risk of pressure areas is regularly assessed and monitored. Referrals to appropriate specialists and allied health professionals are undertaken when indicated. Appropriate equipment including special mattresses, bed rail and limb protectors are used when indicated and care recipients are given special dietary supplements to promote healing when necessary. Skin integrity statistics are collated and presented at appropriate meetings. Care recipients interviewed said they are satisfied with 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

Care recipients’ continence, urinary flow patterns, bowel management and toileting needs are assessed on entry to the home and the effectiveness of continence management programs is monitored and evaluated. There is a system to help care recipients with their toileting needs and accessing disposable continence aids of appropriate size and type if required. A review of care plans indicated care recipients’ continence needs are identified and staff take care recipients to the toilet according to identified voiding patterns. Bowel movements are monitored. Care recipients/representatives interviewed expressed satisfaction with 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 to manage care recipients’ behaviours. Behaviour management assessments are conducted in consultation with care recipient and appropriate other health professionals. Care plans and behaviour monitoring forms assist in developing a comprehensive care plan with interventions strategies and triggers for the staff to follow when managing care recipients’ challenging behaviours. Access to a psychiatrist, geriatrician and mental health team are accessed when necessary by the home. 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 has a system to ensure optimum levels of mobility and dexterity are achieved for all care recipients. Interviews with the physiotherapist, staff and a documentation review show the physiotherapist assesses each care recipient when they move to the home. Individual exercise and manual handling programs and care plans are developed to meet the ongoing and changing needs and preferences of each care recipient. The use of mobility aids and individual falls prevention strategies are consistent with the identified needs of care recipients. The care plans reviewed contained current information in relation to the care recipients mobility and dexterity. Incidents are reported, responded to in a timely manner and feedback is regularly provided to staff, medical and other health related personnel. Care recipients/representatives interviewed are satisfied with the efforts made to maintain mobility.

## **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’s systems for the initial and ongoing assessment, maintenance and evaluation of care recipients’ oral and dental health include the use of appropriate dental products, arranging for the mobile dentist to visit the home when required. A review of clinical documentation showed that care recipients’ oral hygiene is assessed and documented in care plans that are regularly reviewed and regular audits of oral care are carried out. Where appropriate care recipients are encouraged and supported to maintain their independence in terms of oral hygiene and care of teeth. Care recipients/representatives interviewed stated that care recipients’ oral and dental care needs are effectively managed.

## **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 identify and effectively manage care recipients’ sensory losses. Assessments of care recipients’ sensory needs are completed on entry to the home and when there is a change in the care recipient’s condition. Care plans are regularly reviewed and evaluated to meet the changing needs and preferences of care recipients and appropriate referrals made. Staff said they receive training in sensory loss and improvements are continually made to ensure the home is conducive to care recipients with sensory loss. Care recipients/representatives are satisfied with the home’s management of sensory losses.

## **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 has an environment of single rooms with ensuites, and there is an emphasis on choice of retiring and waking times in accordance with the needs and preferences of care recipients. Sleep patterns are identified on entry to the home and a sleep management plan is developed in consultation with the care recipient/representative. Some care recipients enjoy an afternoon snooze. Staff said care recipients experiencing difficulty sleeping are assessed for pain and their medical officer regularly reviews those receiving regular night sedation. Nightly monitoring of all care recipients is attended ensuring the care recipients are achieving their natural sleep. Care recipients/representatives are satisfied with the homes approach to sleep management.

### **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 of this are listed below.

- The home has upgraded the qualifications of lifestyle staff and employed a new diversional therapist to replace a position of recreational activities officer. The new diversional therapist has reviewed the lifestyle program and introduced a number of new activities. These include art therapy, cultural days, singing, dancing and small group outings. The revised program provides stimulation and engagement for care recipients and has been very well received.
- Management identified the need to monitor lifestyle care plans more closely. A new spreadsheet was introduced to track the review of lifestyle care plans to ensure they are kept up to date.
- Some care recipients enquired about the possibility of connecting with their family and friends through the internet. To accommodate the request management installed wireless internet connectivity at the home. This has helped care recipients maintain relationships with family and friends outside the home and enabled them to exercise choice and control over their lifestyle.

#### **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.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Three.

- Information is provided to care recipients and their representatives in the Resident Handbook and the Residency Agreement regarding care recipients’ rights and responsibilities including security of tenure and the care and services to be provided to them.

- Staff are trained in care recipients' rights and responsibilities in their orientation program and follow a code of conduct. They also sign a confidentiality agreement to ensure care recipients' rights to privacy and confidentiality are respected.
- The home has a policy and procedures for the mandatory reporting of alleged and suspected assaults and maintains a register of these incidents.
- Training has been provided for staff on the mandatory reporting of elder abuse.

### **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.

Education and training relating to Accreditation Standard Three included such topics as: cultural diversity in ageing; compulsory training on elder abuse and mandatory reporting; music therapy; and art therapy. One staff member also attended a leisure and lifestyle conference.

### **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

The home has a system to support care recipients' adjustment to life in the home's environment. Care recipients' records show that the social, cultural and spiritual history details and support needs of care recipients are documented on entry to the home. The information is used to formulate individualised care plans that are regularly reviewed and evaluated. The observation of staff interactions with the care recipients showed warmth, respect, empathy and understanding. The home's priest and pastoral care team and/or therapy staff also provide one on one attention to the new care recipient on a regular basis and/or during times of special need. The home's handbook is issued to all new care recipients in order to provide quick reference details which may help the family and friends with support during the settling in period. Care recipients/ representatives confirm that they are satisfied with the home's management of the settling in period and are provided with appropriate ongoing emotional support.

### **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

The home has systems to assist care recipient to achieve maximum independence, maintenance of friendships and participation in the community. Individual and general strategies are implemented to promote independence, such as equipment to assist mobility, Physiotherapy directed exercise programs suitable to the individual care recipients needs and ability. The leisure activity program actively seeks the involvement of care recipients and promotes mobility and independence. Relatives, friends and community groups frequently visit the home and a bus is available to assist care recipients to undertake activities outside the home. Care recipients/representatives confirm they are satisfied with the assistance the home provides in relation to care recipients independence and continuing participation in the life of the community within and outside the home.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home has systems and processes to ensure care recipients' privacy, dignity and confidentiality is recognised and respected. Staff address care recipients in a respectful manner and all staff sign a Code of Conduct that includes an undertaking to ensure all care recipient related information remains confidential. Care recipients records and personal information are securely stored and electronic records are password protected. The observations of staff practices show these are consistent with the home's privacy and dignity related policies and procedures and are undertaken in a manner that promotes care recipients' confidentiality. Care recipients/representatives confirm that the privacy, dignity and confidentiality is recognised and respected in accordance with individual needs and preferences.

### **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 can demonstrate that care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. The interests and activity preferences are assessed on entry to the home and on an ongoing basis. The home's assessment process captures the social backgrounds and leisure preferences. Care recipients care plans record group and individual activities of interest and the monthly activity program and special events program take into account preferred activities and significant days or events. The activities program encourages physical and cognitive activity. There is a wide range of activities offered and the activities program is regularly evaluated to ensure that it continues to meet the recreational and leisure needs. Care recipients/ representatives

confirm the home supports involvement in activities and interests appropriate to their needs and preferences.

### **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 systems that support care recipient's individual interests, customs, beliefs and cultural backgrounds. Care recipients individual cultural/spiritual and leisure needs are documented and provision is made for the celebration of culturally or spiritually significant events, and friends and family are encouraged to participate. Members of the church including the local priest and minister provide regular combined religious services for care recipients who wish to participate. A church is located on the grounds and care recipients can access as required. Care recipients/representatives are satisfied with the homes level of support for the interests, customs and beliefs of individual care recipients.

### **3.9 Choice and decision-making**

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

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

The home meets this expected outcome

The home can demonstrate that each care recipient and/or representative participates in decisions about the services provided, and through consultation about their individual needs and preferences are able to exercise choice and control over their lifestyle. Staff explained how they ensure care recipients have choices available to them in care routines, medications, general lifestyle choices and food and laundry services. The menu provides them with choices for each meal. The choice of medical officer is respected and participation in activities and which type of activity is the choice of the care recipient. The "resident" meetings, surveys, comments and complaint mechanisms and input into care conferences and planning is available for the care recipients and their representatives to participate in decisions regarding the services provided.

### **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

The home has processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and care recipients' rights and responsibilities is provided in the care recipients' agreement and the handbook. This is discussed with prospective care recipients and their representatives prior to and on entering the home. Care recipients and representatives interviewed state they are kept informed about matters of importance to them, they feel secure of residency within the home and they confirmed an awareness of 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 of this are listed below.

- During the installation of the fire sprinkler system management upgraded the air conditioning at the home. The new system is centrally controlled to maintain an even temperature while still allowing care recipients to turn the air conditioning on or off in their own rooms. This provides a more effective system for heating and cooling and a more comfortable living environment.
- In 2013 the kitchen was fully refurbished. All the equipment was upgraded and the workspace redesigned to be more efficient. This has enabled the catering staff to prepare and provide a greater variety of meals and more reliable service.
- As part of an on-going upgrade of care recipients’ rooms the kitchenettes of four rooms were renovated. The new kitchenettes are more functional, attractive and easier to use. The care recipients whose rooms have been renovated appreciate the upgrade.

### **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.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Four.

- Fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations, staff have fulfilled the mandatory fire awareness and evacuation training and the annual fire safety statement is on display in the home.
- The home is fitted with a fire sprinkler system as required by NSW State Environmental Planning Policy 2012.
- The home has a NSW Food Authority licence as required by the Vulnerable Persons Food Safety Scheme and the home has a food safety program.
- The home has an infection control program that is managed in accordance with government health regulations and guidelines.

#### **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.

Education and training relating to Accreditation Standard Four included such topics as: mandatory training in fire safety and evacuation, infection control, manual handling; training in safe chemical handling, drug and alcohol awareness, theft and safety, workplace health and safety, incident reporting, and food safety.

#### **4.4 Living environment**

*This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients' care needs".*

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

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with care recipients' care needs. All care recipients are accommodated in individual rooms with ensuite bathrooms and residents have personalised their own rooms. There are a number of communal areas and lounge rooms as well as a courtyard and garden. The living environment is clean, well-furnished and free of clutter. It is well lit and has a heating/cooling system to maintain a comfortable temperature. The buildings and grounds are well maintained with a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through care recipient/representative feedback, incident/accident reports, audits and observation by staff. Care recipients/representatives interviewed expressed their satisfaction with the living environment.

#### **4.5 Occupational health and safety**

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

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

The home meets this expected outcome

Management has a system to provide a safe working environment that meets regulatory requirements. The work health and safety committee has staff from different departments of the home and has regular meetings to oversee work health and safety within the home. All staff are trained in manual handling, work health and safety and fire awareness and evacuation procedures during their orientation and on an on-going basis. Equipment is available for use by staff to support safe work practice, minimise risks and assist with manual handling. There is a maintenance program to ensure the working environment and all equipment is safe. The home monitors the working environment and the work health and safety of staff through regular audits, incident and accident reporting and daily observations by the management and staff. The staff show they have a knowledge and understanding of safe work practices and were observed carrying them out.

#### **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 all staff take part in mandatory training in fire awareness and evacuation procedures. The home is fitted with appropriate firefighting equipment and warning systems and external contractor records and equipment tagging confirms the fire safety systems are regularly inspected and maintained. The current annual fire safety statement is on display and emergency flipcharts and evacuation plans are located throughout the home. Security is maintained with a surveillance system, electronic access, security lighting and lock-up procedure at night. The systems to minimise fire, security and emergency risks are monitored through internal audits, external inspections and at staff and management meetings. Staff indicate they know what to do in the event of an emergency and residents say 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

The home ensures its infection control program is effective through clear policies and procedures, education and an infection surveillance program. An infection control officer coordinates the program with the support of registered staff and management. The home has mandatory training in infection control and hand washing competencies are assessed. Hand washing facilities, personal protective equipment and other equipment is available to enable staff to carry out infection control procedures. The infection control program also includes an outbreak management policy and kit, a food safety program used in the kitchen, a vaccination program for residents and staff, pest control and waste management. The staff show they have a knowledge and understanding of infection control and were observed implementing the program. The program is monitored through reporting of all infections, trend analysis, audits and review by the quality activities committee and management.

#### **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 care recipients and are enhancing their quality of life. There is a rotating menu that provides choice and variety of meals and all meals are cooked fresh on site. The menu caters for special diets and for the individual needs and preferences of care recipients and the chef is responsive to suggestions regarding the meals and to the changing dietary needs of care recipients. The home is cleaned according to a schedule by full time contract cleaners. We observed the home to be clean and care recipients/representatives state they are very satisfied with the results. Personal clothing is laundered at the home according to a schedule and as needed and linen is washed off site by a contract linen service. Washing machines are also available for care

recipients to wash their own clothes if they choose. The hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home. Care recipients/representatives say they are satisfied with the hospitality services provided.