



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Uniting Kamilaroi Lane Cove RACS ID: 0099

Approved Provider: The Uniting Church in Australia Property Trust (NSW)

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

Reconsideration Decision made on 8 January 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 9 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 31 August 2015 to 30 June 2019.

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

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

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

This decision is effective from 8 January 2018

Accreditation expiry date 30 June 2019



Australian Government

Australian Aged Care Quality Agency

Kamilaroi Retirement Centre

RACS ID 0099

155 Longueville Road

LANE COVE NSW 2066

Approved provider: The Uniting Church in Australia Property Trust
(NSW)

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 31 August 2018.

We made our decision on 09 July 2015.

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

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Kamilaroi Retirement Centre 0099

Approved provider: The Uniting Church in Australia Property Trust (NSW)

Introduction

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

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

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

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

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

Assessment team

Team leader:	Barbara Knight
Team member/s:	Daniel Mitroussidis

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (NSW)
--------------------	--

Details of home

Name of home:	Kamilaroi Retirement Centre
RACS ID:	0099

Total number of allocated places:	75
Number of care recipients during audit:	66
Number of care recipients receiving high care during audit:	54
Special needs catered for:	N/A

Street/PO Box:	155 Longueville Road	State:	NSW
City/Town:	LANE COVE	Postcode:	2066
Phone number:	02 9418 6088	Facsimile:	02 9418 6397
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Service manager	1	Pastoral care staff	1
Residential operations manager	1	Administration assistant	1
Registered nurses	1	Care recipients/representatives	10
Care supervisors	2	Lifestyle manager	1
Care staff	6	Recreational activities officer	1
Continence advisor	1	Laundry staff	1
Physiotherapist	2	Cleaning staff	2
Clinical pharmacist	1	Maintenance staff	2
Mental Health social worker	1	Human resource consultant	1
Speech pathologist	1	Hotel services manager	1
Dietitian	1	Learning and development manager	1
Contracts and procurement manager	1	Clinical nurse educator	1
Continuous quality improvement coordinator	1		

Sampled documents

	Number		Number
Care recipients' files including assessments, care plans, progress notes	8	Medication charts	8
Residential care service agreements	7	Wound management charts and photographs	4
Personnel files	5		

Other documents reviewed

The team also reviewed:

- Clinical indicator reports
- Continuous improvement: auditing, logs and registers, reports, data sheets, comments and complaints information
- Education records: orientation program, education matrix, calendar, attendance sheets and evaluations, competency assessments
- External services: procurement process, contracts, approved contractor register, schedules and records
- Falls risk assessments
- Fire security and other emergencies: fire safety equipment service records, audits, fire panel monitoring records, emergency disaster plan and resident evacuation information and identification
- Food safety program: manuals, temperature records, cleaning logs
- Hospitality: cleaning, laundry and catering schedules, menu and diet analysis sheets and dietary preference lists
- Human resources: staff handbook, recruitment and selection processes, staff orientation, position specification and description, confidentiality statements and staff rosters
- Infection control: outbreak management information, reports and pest control records
- Inventory and equipment: asset register, purchase requisitions, contracts and service agreements, ordering and delivery schedules
- Lifestyle documentation including resident activity calendar, activities resources, activity participation sheets and evaluations
- Maintenance: daily, preventive, preferred suppliers' list, essential service manuals, electrical testing and tagging records and equipment service reports
- Medication administration plans, self-medication assessments
- Meeting minutes
- Observation charts including weight, blood pressure, blood glucose levels, pain and behaviour monitoring charts
- Occupational health and safety: hazards, incidents and accidents, summary reports and data
- Organisational structure: vision and values, codes of behaviour and certificates of appreciation
- Physiotherapy communication book
- Policies and procedures
- Regulatory compliance: criminal history checks, professional registrations, mandatory reporting register and reporting guidelines, residential care service agreements
- Resident screening and assessment process form
- Residents' information packages and handbook
- Self-assessment for re-accreditation
- Staff communication: memoranda, handbook, meeting minutes, handover sheets and notice boards

Observations

The team observed the following:

- Activities in progress one to one and group, including biggest morning tea for residents and family
- Annual fire safety statement, fire and emergency equipment and resources
- Chemicals in use and storage and material safety data sheets
- Electronic and hardcopy record keeping systems – clinical and administration
- Equipment and supply storage areas
- Fire and emergency equipment and resources
- Infection control resources including hand washing facilities, hand sanitisers, spills kits, sharps containers, clinical waste bins, personal protective and colour coded equipment, outbreak kit
- Information notices, including notice of accreditation, and brochures displayed
- Interactions between staff, residents, representatives
- Living environment internal and external
- Lunch time meal service
- Medication administration round and storage of medications
- Menu displayed
- Secure storage of resident and staff information
- Staff practices and work areas
- Visitors' 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

The home actively works towards improving the care and services provided for residents, the working environment for staff, and reviewing care and services. The quality system includes audits, resident and staff feedback, resident/staff meetings, complaints and suggestions and incident reporting. Management analyses data that is compared to other sites in the organisation. There are organisational-wide and site-specific improvements. Feedback about the outcome of improvement activities is discussed in management, resident and staff meetings. Staff are aware of improvement activities and are able to describe the benefits for residents and staff.

Examples of improvement initiatives implemented in relation to Standard 1 include:

- Following a review of work schedules and feedback from staff, additional hours were allocated for carers to integrate lifestyle activities in to care practices. Staff commented on the hectic and rushed work environment. Observations also confirmed residents were not attending and participating in activities in the communal room on level one. As result, more meaningful activities have been introduced. Staff commented the feeling of being rushed has been minimised due to the review of the work schedules. Residents are satisfied with the new lifestyle activities.
- Introducing a new system of alerts to improve information flow for regulatory compliance and legislation. Alerts include matters relating to clinical governance, safety regulations and professional standards. Information is provided to the home in a timelier manner and assists the home to consider changes to legislation or to policies and procedures. It is disseminated to staff via memos, staff meetings and on noticeboards. Management and staff reported satisfaction with this initiative.
- Assigning the service manager to the home. Previously, the service manager also managed another nearby home within the organisation. Staff survey results indicate the move is positive. There have been improved clinical indicators and closer monitoring of different services at the home. The service manager stated focusing on services at the home is more beneficial. Staff commented they noticed an improvement in day-to-day operational matters.

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 subscribes to a legislative update service and receives newsletters and information from aged care industry associations and relevant government departments. Changes to legislation are communicated to staff via memoranda, at staff meetings and on a corporate level. Management review any impact these changes may have on work practices. The home uses its internal and external auditing processes to monitor staff compliance with legislation, regulatory requirements, professional standards and guidelines. When relevant, education sessions are arranged. Policies and procedures are reviewed and updated with review dates.

Examples of regulatory compliance specific to Standard 1 include:

- All staff and volunteers undergo regular criminal history checks in accordance with Australian Government legislation. There is a process to ensure that checks are up to date.
- The home monitors external contractors to ensure that they meet their responsibilities under the relevant legislation and regulatory requirements; when relevant this includes criminal record checks and professional registrations.
- The home provides information to residents/representatives and staff about internal and external complaints mechanisms.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has appropriate systems to ensure that management and staff have the knowledge and skills to perform their roles effectively. The results of observations, interviews, and document review show that staff knowledge and skills is supported by an orientation and education program. The orientation program provides information for new staff on the home’s policies and procedures. There are planned and impromptu education sessions provided for all staff disciplines on a range of issues. These education sessions are relevant to the staff’s area of work in the home and within the requirements of the four Accreditation Standards. Records of attendance are maintained and sessions evaluated. Effectiveness of education provided is monitored through competency skills testing and formal staff performance appraisals. Staff are satisfied with the training and education opportunities provided by the organisation and the home. Residents and representatives are satisfied staff have the skills and knowledge to perform their roles effectively.

Examples of training provided relevant to Standard 1 include:

- bullying and harassment
- code of conduct
- electronic care management system

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents, representatives and other interested parties have access to internal and external complaint mechanisms, which is receptive to their needs. The home provides information on the internal and external complaint mechanisms through internal documents such as the resident handbook, and makes available public documents such as pamphlets and posters. The home has established procedures to investigate and respond to complaints when they are received and to ensure confidentiality is preserved. Management use a register to log complaints and all records are stored confidentially. Residents and representatives are satisfied with the access to complaint mechanisms and with the response when a complaint is made.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has vision, mission, and values statements documented and displayed throughout the site. The commitment to quality is reflected in these statements. The commitment to quality has also been documented in policy and procedure documents pertaining to quality management.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has processes to ensure there are appropriately skilled and sufficient staff employed to meet the care needs of residents. Position descriptions define staff qualifications and roles and responsibilities required to undertake specified roles. There is a process for the recruitment, selection and orientation of new staff. Staffing levels and skills are monitored through staff and resident feedback and annual performance appraisals. The education program provides staff with the opportunity to increase their knowledge and skills relevant to their areas of work. Staff advised of support provided by management. Residents and representatives are satisfied staff have appropriate skills and knowledge.

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

There are processes to monitor and maintain stock levels across the home. Key staff members are responsible for monitoring stock levels and reordering supplies. Staff, residents and representatives felt there are adequate supplies of goods and services, and the quality of the supplies is monitored. There is a system for daily maintenance requests and preventative maintenance, with staff, representatives and residents reporting they are satisfied with the maintenance work. Equipment is purchased, after a trial period, to meet needs that are identified through discussion with staff, residents and allied health care professionals.

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 processes to ensure key information is available to management, staff, residents and representatives. This information includes: assessment and planning of care needs, lifestyle activities, quality improvement, performance monitoring, education and competency assessments, staff and resident communication, a safety system, complaint mechanisms and administration records. Reporting processes are used to inform the management and staff of issues in relation to continuous improvement, regulatory compliance and other relevant aspects of service. Information in either hardcopy or electronic form is stored in ways that provide access to authorised personnel and ensures security. Staff are satisfied that they are provided with all information required and they were consulted in relation to issues which affect them and their work practices.

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

All externally sourced services are provided in a way that meets the home's needs and quality goals. The organisation has service contracts for externally sourced services. Contracts are reviewed regionally on an annual basis with feedback from the home's management team. Review of performance is measured against organisational objectives, managed through service agreements. Contracts are in place for services such as pharmacy, dental, speech pathology, fire services, hairdressing, physiotherapy, dry and refrigerated foods, clinical supplies and many more. All external contractors provide the appropriate documentation including criminal record checks and meet the legislated insurance/indemnity and workplace health and safety requirements.

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 an overview of the home's continuous improvement system.

Examples of improvement initiatives implemented in relation to Accreditation Standard 2 include:

- Following an increase of urinary tract infections, the home installed water coolers on each level. A juice bar was also introduced along with purchasing a commercial juicer. Staff were instructed to ensure residents received additional fluids particularly during the warmer months. As a result, urinary tract infections have decreased over the last several months with an average of one urinary tract infection per month being maintained.
- As a result of reviewing medication errors and signature omissions, the organisation implemented a medication management module as part of the electronic care plan system. Another medication trolley was purchased to assist with the medication rounds. Results show medication administration rounds have reduced in duration and signing omission errors have been maintained at a low rate.

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

The home's system to identify and ensure compliance with all relevant legislation and regulatory requirements is described in expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance related to Standard 2 include:

- The home routinely monitors professional registrations of registered nurses, allied health professionals and visiting medical officers.
- The home meets the requirements of the provision of care and specified services for high care residents. Residents are advised of scheduled services on entry to the home.

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 for information about the home’s education and staff development systems and processes.

Training undertaken by staff in Standard 2 includes:

- insulin management
- dementia
- continence management
- wound care
- pain management

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

There are systems and processes at Kamilaroi Retirement Centre to ensure that residents receive appropriate clinical care. Care information is obtained pre entry and on entry to the home and initial care needs are identified. A comprehensive suite of assessments is undertaken and a care plan developed in consultation with the resident and family members. Care plans are reviewed on a regular basis and/or as care needs change. Review of resident files and discussions with staff demonstrate that all dimensions of resident need are identified during the assessment period and strategies implemented to ensure individual wishes and preferences are recognised and respected. General medical practitioners visit regularly and/or on request. Residents/representatives interviewed state they are generally very satisfied with the care provided and commented on the skills and empathy of the 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

At Kamilaroi Retirement Centre residents’ specialised nursing care needs are identified and met by appropriately qualified staff. Documentation and discussions with staff show residents’ specialised nursing care needs are identified when they move into the home and addressed in the care planning process. Specialised needs such as diabetic management, wound care, and indwelling catheters are overseen by the registered nurse. Residents may be referred to specialist care services for advice and support in the management of their particular needs. Residents/representatives are satisfied that specialised nursing care needs are met.

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

Documentation and staff and resident/representative interviews demonstrate that appropriate referrals are made to medical and allied health practitioners, such as physiotherapist, dietician, podiatrist, speech pathologist, mental health and palliative care teams. Referrals are made in consultation with the resident, family members and the resident’s medical practitioner. Residents/representatives advise there is access to specialised services as required.

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

Kamilaroi Retirement Centre has systems and processes to manage residents’ medication. This includes the prescription, dispensing, storage and administration of medications. Medications are administered by care staff using a blister packaging system who undergo regular competency assessment. Residents who wish to self-medicate are assessed for their ability to do so. Observation of a medication administration round demonstrates staff carry out appropriate checking procedures in accordance with medication management policy. Staff are aware of and respond to individual need such as time to ingest, or breaking/crushing of medications. A clinical pharmacist conducts medication reviews and provides education for staff. Medication incidents and errors are reviewed and discussed at appropriate meetings. Medications are stored within a secure environment. Residents/representatives interviewed expressed satisfaction with the management of residents’ medications.

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

Residents of Kamilaroi Retirement Centre are assessed at entry and on an ongoing basis to ensure they are as free from pain as possible. Verbal and non-verbal indicators of pain are considered and interventions are monitored and evaluated on a regular basis. Alternatives to analgesia such as gentle exercise, heat packs and massage assist in pain management. A physiotherapist attends five days a week and assesses residents and conducts exercise classes and pain management clinics on a regular basis. Residents advise staff are aware of and understand their individual pain management issues and provide analgesia and other therapies to keep them as free from pain as possible.

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

Residents who are terminally ill are enabled to remain at the home for as long as their comfort and dignity can be maintained in familiar surroundings. On entry to the home residents and family members are provided with information regarding advanced health care planning, and are given the opportunity to indicate any specific instructions in relation to palliative and terminal wishes. There is liaison with the palliative care team for advice and support including pain management issues. There is access to spiritual and emotional support from pastoral care staff and chaplains. Staff interviewed display understanding of and empathy with resident and family end of life wishes.

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

Residents’ nutrition and hydration status is assessed on initial entry to the home to ensure their intake needs will be adequately met. Documentation demonstrates that assessments include the need for special diets, food preferences, physical limitations such as swallowing difficulties, oral and dental deficiencies, sensory loss and dexterity issues. Resident needs and preferences are identified and communicated to the catering staff, as are any changes. Residents’ weights are monitored regularly and significant loss or gain is addressed. Residents may be referred to the dietician and speech pathologist who visit regularly. Use of dietary supplements, extra fluids and other modifications to food and fluid intake are actioned as recommended. Residents have the opportunity to provide feedback through the residents’ meeting and catering surveys. See also information detailed in expected outcome 2.1 Continuous Improvement.

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

Residents’ skin integrity is assessed on moving into the home through the initial assessment process. Staff monitor residents’ skin as part of daily care practices and report any changes. Wound management is overseen by the registered nurse. Residents may be referred to external consultants for expert support. Pressure relieving devices and limb protectors are available for those residents with decreased mobility who may be at risk of breaches of skin integrity. Incidence of skin tears and pressure ulcers is monitored and reported and care plans adjusted as necessary. There is access to podiatry services, hand and nail care and a hairdresser. Residents report they are satisfied that their skin care needs are met.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Kamilaroi Retirement Centre demonstrates that its’ processes ensure residents’ continence is managed effectively. Initial and ongoing assessments are undertaken and individualised care plans developed. Staff are trained in continence management including scheduled toileting, the use of continence aids, the assessment and management of urinary tract infections, and bowel management strategies which include daily monitoring. Staff ensure residents have access to regular fluids, appropriate diet and medications as ordered to assist continence. The program is overseen by the product specialist from the supplying company and by the continence coordinating nurse on site. Residents are satisfied that their continence is well managed and that their privacy and dignity is maintained.

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

There are systems to effectively manage residents with behaviours of concern. Initial and ongoing assessments identify residents’ behaviour management needs and care plans which include the triggers for, and strategies to address such behaviours are developed, implemented and regularly reviewed. Strategies include validation of residents’ past lifestyle and engagement with distractive interventions. Staff are aware of any underlying causes of behaviour management concerns, such as pain, urinary tract infections and bowel management issues. Residents may be referred to a psychogeriatrician if necessary, and a visiting counsellor supports residents and their family members. Staff interviewed display good knowledge of individual residents’ behavioural issues and gave examples of the strategies they may use to manage these issues.

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

Residents are assessed on entry to Kamilaroi Retirement Centre and regularly thereafter and management plans developed to ensure optimum levels of mobility and dexterity are achieved and maintained. The physiotherapist attends five days a week and reviews residents on entry, when any changes occur and following a fall. The physiotherapist also conducts falls prevention, exercise and pain management programs. Assistive devices such as walking frames and specialised crockery and cutlery enable residents to maintain their independence. Residents/representatives are satisfied that residents’ mobility needs are met.

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

There are strategies to ensure residents’ oral and dental health is maintained. Documentation demonstrates that residents’ oral and dental health is assessed when they move to the home and care plans developed. Staff assist residents to maintain oral and dental health through mouth and denture care and observe any associated pain and/or discomfort. Diet and fluids are provided in line with the resident’s oral and dental health needs and preferences. Residents may choose to visit their own dentist and a mobile dental service will visit the home if required. Residents /representatives advise they are satisfied with the oral and dental care provided.

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

On entry to the home residents’ sensory losses are identified and included in the care planning process. Referrals are made as necessary to specialist services including speech pathologist, optical and audiology services. Staff ensure that residents’ sensory aids are well maintained. The activities program includes pursuits that promote the use of all five senses including touch, taste and smell. Aids to support sensory losses include large print books, playing cards and balls which promote tactile stimulation and dexterity. Residents /representatives are satisfied that residents’ sensory needs are met.

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

Resident sleep patterns are assessed on entry to the home including preferred sleeping times, previous social history that may affect sleep and any history of night sedation. Barriers to natural sleep including pain, continence, hunger, emotional state are taken into account when planning care. Alternatives to sedation such as warm drinks and snacks and attention to environmental issues are considered. As residents are accommodated in single rooms with ensuite bathrooms, disturbance by other residents is minimal. Residents/representatives are satisfied that residents are enabled to achieve normal sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvement initiatives implemented in relation to Standard 3 include:

- Introducing new one-to-one and small group activities such as art classes and exercise groups. Six residents with dementia undertake art classes and some paintings are on display. Exercises are conducted in the front courtyard where residents also see this activity as a social gathering. These new activities are a success as residents are receiving more value in activities and staff state they are getting more time with residents.
- Introducing a counselling service for residents with depression or mental health issues. A counsellor visits twice a week and also meets with residents who have recently moved into the home. This service provided emotional support to residents. Management state newly welcomed residents settle a lot quicker after moving in.

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

The home’s system to identify and ensure compliance with all relevant legislation and regulatory requirements is described in expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance related to Standard 3 include:

- All residents and representatives were notified in advance of the home’s accreditation site audit and dates.
- Residents’ agreements provide information regarding security of tenure and financial arrangements. The Charter of Care Recipients’ Rights and Responsibilities is displayed in the home and is also included in residents’ agreements via the resident pack on entry to the home.

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 information about the home's education and staff development systems and processes.

Training undertaken by staff in relation to Standard 3 includes:

- person centred dementia care
- lesbian, gay, bisexual, transgender and intersex in aged care awareness
- residents' rights.

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

Kamilaroi Retirement Centre demonstrates that residents are supported in adjusting to life in the new environment and that their emotional status and needs are identified and met on an ongoing basis. On entry residents are welcomed into the home, introduced to staff and residents, advised of activities they may enjoy and of the opportunities to maintain their links with the community. Initial assessments cover a social, cultural and lifestyle profile including personal preferences. The lifestyle program offers opportunities through one to one interaction with staff, for residents' emotional needs to be identified and addressed. Pastoral care staff and a visiting counsellor provide additional support. Observation demonstrates that staff are empathetic with, and supportive of residents. Residents/representatives are satisfied their emotional needs are met.

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

Processes at Kamilaroi Retirement Centre ensure residents are assisted to maintain their independence and participate in community life. Residents are supported to be as independent as possible with their activities of daily living. Equipment such as walking aids, and modified cutlery and crockery assist residents to maintain or improve their mobility and dexterity and retain independence. Residents are encouraged to maintain their family and social networks and are assisted to attend external activities. The home is situated in an urban area close to the local library and shops and residents advise they appreciate the opportunity to be able to walk to these facilities. Residents interviewed are satisfied with the opportunities and support that enables them to participate in the life of the community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents' rights to privacy, dignity and confidentiality are recognised and respected. Information regarding resident's rights and responsibilities is included in pre entry and entry information and residents give consent for disclosure of personal information and for the taking of photographs. Staff receive education regarding respecting residents' rights to privacy and dignity and the need to maintain their confidentiality. Residents are accommodated in single rooms with ensuite bathrooms and there are areas for private and family gatherings. Observation and interviews demonstrate that staff understand and are respectful of residents' privacy and dignity, knocking on doors before entering and calling them by their preferred name. Residents' information is securely stored and appropriately archived. Access to computerised information is password protected. Residents/representatives interviewed state staff care for residents in a respectful and dignified manner.

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

Kamilaroi Retirement Centre ensures residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. Residents' social and cultural history and their current activity interests are identified when they move into the home and included in the plan of care. A comprehensive program is developed based on residents' identified preferences and on feedback received. The recreational activities officer, care staff and volunteers support the lifestyle program. Review of documentation identified a variety of individual and group activities including games, quizzes, handicrafts, visiting entertainers, community visitors, outings and bus trips, culturally significant and special event celebrations. Resident art and handiwork is displayed in the home. Residents are very satisfied with the activities provided and commented that their wishes not to participate are respected.

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

Kamilaroi Aged Care is able to demonstrate that each resident's interests, customs, beliefs and cultural background is valued and fostered. Cultural and spiritual preferences are identified on entry and documented in the care plan. Pastoral care staff conduct weekly discussion groups and one to one visits. A religious service is conducted weekly by the Chaplain, and clergy of other faiths will visit. Residents are supported to attend religious services outside the home. Staff receive education on cultural issues and diversity in aged care. Residents interviewed are satisfied that their cultural and spiritual needs are met.

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

Each resident at Kamilaroi Retirement Centre is encouraged to exercise choice and control over their lifestyle. Residents and their families receive information pre entry and on entry to the home regarding their rights and responsibilities and on the choices available to them. Resident preferences are identified during the assessment processes and documented in the care plan. Residents have the opportunity to provide feedback on any issues through the suggestion forms, surveys and resident meetings. Resident feedback is incorporated into the activities program and decisions not to participate are respected. Residents/representatives report that they are informed of choices and involved in decisions regarding care issues and referrals to specialist services. Residents interviewed state they are satisfied that their decisions and choices regarding care and lifestyle issues are respected.

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 demonstrated that residents and representatives have been provided with information about security of tenure and that residents understand their rights and responsibilities. All residents, including respite residents, are offered a residency agreement on entry to the home. The residents handbook and admissions pack which provides information about care recipients' rights and responsibilities is also given to each new resident or their representative. Residents and representatives are informed of fees and charges, care and services and felt secure and understood their rights and responsibilities. Resident and representative interviews demonstrated they are made aware of residents' rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvement initiatives implemented in relation to Standard 4 include:

- Following feedback from a resident satisfaction survey, several changes were implemented to enhance the dining experience. Quality activities in this regard included reviewing the menu and establishing weekly meetings with residents after lunch. Other initiatives included improving waiting times for the meals to be served and offering alternatives for residents on special diets. Dining etiquette training has commenced presented by the catering service provider. Management and residents are satisfied with the changes to the catering services and dining experience.
- There has been an extensive program of renovation and refurbishment. The home’s interior and exterior was in need of modernisation. Common areas along with the lounges, dining room and corridors were renovated. This included painting, plasterboard walling, floor coverings and new furniture. Outdoor courtyards were revamped with new furniture also. Residents’ room are being renovated as they became vacant. Residents and staff are highly positive of the new more modern look of the home.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s system to identify and ensure compliance with all relevant legislation and regulatory requirements is described in expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance related to Standard 4 include:

- The home has a current fire safety statement. External services contractors regularly test and service equipment including fire-fighting and electrical equipment. Staff attend mandatory annual fire safety and evacuation training.
- The home has a licence from the NSW Food Authority under the regulations on Food Preparation and Service for Vulnerable Populations and a food safety plan is in place.

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 information about the home's education and staff development systems and processes. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

Training undertaken by staff in relation to Standard 4 includes:

- infection control
- manual handling, fire safety
- food safety
- workplace emergency response.

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

Environmental audits are used to monitor safety and comfort in the home. Residents are accommodated in single-bed rooms with ensuite facilities. Residents' personal space allows for personal belongings and mementos. There are four levels each with a communal lounge area and a sizable communal room for larger activities on the lower level. Other communal areas include a main dining room and a sitting area in the foyer. There is a system of corrective and preventative maintenance. We noted the home to be clean, odour free, a comfortable temperature, with maintained equipment and furniture. Residents and representatives expressed satisfaction with the safety and comfort of the living environment including their rooms and communal areas.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

There are systems and processes to assist the home to actively work to provide a safe working environment for residents, staff and visitors. Management and staff meet on a regular basis to discuss environmental issues and/or concerns. Hazard and incident reporting processes and environmental monitoring records show management are responsive to identified hazards and incidents. Manual handling education is provided to staff annually and individual responsibility to ensure a safe working environment is discussed with new staff on employment. Policies, procedures and regulatory guidelines were observed to be accessible to staff and staff are satisfied with the home's approach to occupational health

and safety. Staff incidents are documented, investigated and monitored. Staff said they are aware of their responsibilities in relation to occupational health and safety.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has processes that assist management and staff to actively work to provide an environment and safe systems that minimise fire, security and other emergency risks. Emergency procedure manuals and standard fire orders are displayed throughout the building. The home conducts fire safety and other emergency training. External contractors maintain fire equipment and its location is marked clearly, visible, unobstructed with exit points lit and fire doors identified. Evacuation lists are accessible to staff which include details of residents' mobility status. Chemicals are stored appropriately in locked areas. Safety data sheets are easily accessible by staff in chemical storage areas. There are processes and systems to assist and guide staff in lock-up procedures that maintain the security of the building for residents and staff after hours. Staff are aware of fire safety and other emergency procedures.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is an effective infection control program at Kamilaroi Retirement Centre which includes processes to manage, prevent, monitor and minimise the risk of infection to staff and residents. Infection data are collected, evaluated and reported at meetings. Infection control and hand washing competencies are included in staff orientation and on an ongoing basis. The team observed staff practices including the use of personal protective equipment, hand washing and colour coded equipment being used in the kitchen and during general cleaning. There is a regular pest control program. An outbreak management kit is maintained, stocks of personal protective equipment are available and there is resident and staff immunisation program. Staff interviewed demonstrate a good knowledge of the home's infection control practices and outbreak 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 home has systems and processes to enable the provision of hospitality services that enhances residents' quality of life. The main meals are prepared at the home, ensuring appropriate food temperatures are maintained. Management continues to monitor catering for service and resident choice. A seasonal menu, with input from a dietician, acknowledges each resident's preferences, likes and dislikes and other dietary and modified dietary needs and considerations. There is monitoring of food, fridge and freezer temperatures. Cleaning routines and schedules are in place to guide cleaning of the home's internal and external

areas. Personal clothing is laundered at the home and linen items are outsourced to an external laundry service. Workflow and infection control policies and practices are adhered to. Staff said they have access to work schedules and policies and procedures that guide their practice. Residents and representatives expressed satisfaction with the catering, cleaning and laundry services provided by the home.