

Uniting Kari Court St Ives

RACS ID: 0548

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

Home address: 251-257 Mona Vale Road ST IVES NSW 2075

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| Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 16 March 2021.  We made our decision on 24 January 2018.  The audit was conducted on 14 December 2017 to 15 December 2017. The assessment team’s report is attached. |
| We will continue to monitor the performance of the home including through unannounced visits. |

# Most recent decision concerning performance against the Accreditation Standards

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

### Principle:

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

1.1 Continuous improvement Met

1.2 Regulatory compliance Met

1.3 Education and staff development Met

1.4 Comments and complaints Met

1.5 Planning and leadership Met

1.6 Human resource management Met

1.7 Inventory and equipment Met

1.8 Information systems Met

1.9 External services Met

## Standard 2: Health and personal care

### Principle:

Care recipients’ physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team.

2.1 Continuous improvement Met

2.2 Regulatory compliance Met

2.3 Education and staff development Met

2.4 Clinical care Met

2.5 Specialised nursing care needs Met

2.6 Other health and related services Met

2.7 Medication management Met

2.8 Pain management Met

2.9 Palliative care Met

2.10 Nutrition and hydration Met

2.11 Skin care Met

2.12 Continence management Met

2.13 Behavioural management Met

2.14 Mobility, dexterity and rehabilitation Met

2.15 Oral and dental care Met

2.16 Sensory loss Met

2.17 Sleep Met

## Standard 3: Care recipient lifestyle

### Principle:

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

3.1 Continuous improvement Met

3.2 Regulatory compliance Met

3.3 Education and staff development Met

3.4 Emotional Support Met

3.5 Independence Met

3.6 Privacy and dignity Met

3.7 Leisure interests and activities Met

3.8 Cultural and spiritual life Met

3.9 Choice and decision-making Met

3.10 Care recipient security of tenure and responsibilities Met

## Standard 4: Physical environment and safe systems

### Principle:

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

4.1 Continuous improvement Met

4.2 Regulatory compliance Met

4.3 Education and staff development Met

4.4 Living environment Met

4.5 Occupational health and safety Met

4.6 Fire, security and other emergencies Met

4.7 Infection control Met

4.8 Catering, cleaning and laundry services Met



Audit Report

Name of home: Uniting Kari Court St Ives

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# Introduction

This is the report of a Re-accreditation Audit from 14 December 2017 to 15 December 2017 submitted to the Quality Agency.

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

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

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

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

During a home’s period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

# Assessment team’s findings regarding performance against the Accreditation Standards

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

* 44 expected outcomes

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 14 December 2017 to 15 December 2017.

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

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

# Details of home

Total number of allocated places: 55

Number of care recipients during audit: 54

Number of care recipients receiving high care during audit: 53

Special needs catered for: Dementia Care

# Audit trail

The assessment team spent 2 days on site and gathered information from the following:

## Interviews

| Position title | Number |
| --- | --- |
| Head of Residential operations manager, Sydney North West | 1 |
| Service manager | 1 |
| Quality improvement lead | 1 |
| Quality improvement specialist | 1 |
| Client contracts officer | 1 |
| Registered nurse | 1 |
| Clinical Nurse Dementia lead | 1 |
| Care staff | 15 |
| Administration assistant | 1 |
| Catering care operations manager | 1 |
| Catering staff | 2 |
| Chaplin | 1 |
| Care recipients and/or representatives | 22 |
| Leisure/lifestyle officers | 2 |
| Laundry staff | 1 |
| Cleaning staff-Contract cleaning service | 4 |
| Maintenance staff | 2 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ files including assessments, care plans, evaluations, progress notes, medical officers notes, baseline health ranges and associated documentation | 18 |
| Care recipients’ interim assessment/care plan | 18 |
| Care recipients’ files – leisure and lifestyle, spiritual, quality of life. | 6 |
| Wound management charts | 8 |
| Medication charts | 6 |
| Personnel files | 2 |

## Other documents reviewed

The team also reviewed:

* Care recipient information and welcome packs including residential handbook
* Care recipients’ list (including 12 new care recipients)
* Catering: food authority licence, food safety program including food and equipment temperature monitoring records, equipment calibration records, stock delivery and storage records, menu and cleaning schedules
* Cleaning services: quality inspection report, training records, detail clean book, sign in/out book, cleaning requests books, duty statements, trolley list, and cleaning schedules
* Clinical assessment and observation tools: physiotherapy, speech pathology, behaviour, continence, skin, wound, mobility, pain verbal and non-verbal, sensory loss, meal consumption, oral care, falls risk, specialised nursing care, bowel charts, weight charts, personal care charts, and others
* Clinical care tools: specialist and allied health referral and review documents, accidents and incidents, assessment guidelines, care communication diaries
* Comments and complaints register
* Continuous improvement documentation including audits, clinical indicator reports and continuous improvement report
* Education documentation including orientation program, education calendar, attendance records and competency assessments
* External contractors agreements (chemist, physiotherapist, podiatrist, beautician, speech pathologist) and preferred supplier list
* Fire safety and emergency documentation: inspection records, annual fire safety statements, emergency evacuation diagrams, environmental management procedures, emergency evacuation signage, emergency response guide flipcharts
* Human resource management documentation: employment documentation, recruitment package, staff rosters, staff availability, staff handbook, employee orientation program, position descriptions and staff work practice and procedure documentation, and annual performance review
* Infection control information: infection control and outbreak management folder, infection control monitoring, vaccination records (residents and staff), influenza outbreak investigation, isolation room checklist, hand washing information (family and visitors), preventative management of influenza outbreaks, gastroenteritis management, information outbreak coordinators handbook, outbreak management resources and monthly reports
* Information management: staff meeting schedule, management updates to residents and representatives, care recipient information pack (including orientation checklist and security of tenure), newsletters and handover lists
* Laundry procedures
* Leisure and lifestyle: activities calendars, attendance lists, activity plans and evaluations, lifestyle support team communication diary, pastoral care resources
* Maintenance documentation: maintenance requests, preventative maintenance records, maintenance and approved supplier contact lists, maintenance service reports and water temperature checks, maintenance audits, planning pre-maintenance schedule, fire maintenance records, testing and tagging, lock-out area safety issues records, pest control reports and legionella species reports
* Mandatory reporting register and reporting guidelines
* Medication documentation: drugs of addiction (S8) registers, medication incident forms, medication refrigerator temperature records, nurse initiated medication forms, medication profiles, medication charts within the electronic system, pharmacy reviews of care recipient medications
* Meeting minutes: staff, management, relative and friends, medication advisory committee, work health and safety
* Palliative care documentation: advance care planning, end of life pathway palliative care plan
* Policies and procedures
* Privacy and confidentiality consent to disclose care recipient personal information
* Quality management system: vision and values statements, strategic planning documentation, leadership development, organisational chart, policies and procedures, audit schedules, audit results and reports, clinical indicator reports, benchmarking information, continuous improvement register and action plan, feedback forms, care recipient/representative and staff survey results
* Regulatory compliance documentation: incident/accident/hazard management reporting system including reportable incidents, compliance folder, staff criminal record and visa checks, resident agreements including consent forms for the handling of private information, health practitioner registration records and registered nurse registration records
* Self-assessment report for re-accreditation and associated documentation
* Staff handbook
* Staff orientation and training records: new starter on-boarding program, mandatory on-line and face to face training, person-first care, staff attendance records, medication competency and training evaluation forms
* Work health and safety documentation: monthly audits, safety operational action plan, toolbox talks, emergency preparedness training, fire safety drill, driver safety, hazard reporting, site risk control plan, workplace inspections and reports, safe work method and safety data sheets

## Observations

The team observed the following:

* Activities in progress
* Aged Care Complaints Commissioner and advocacy information on display, internal feedback forms and secure box for lodgement
* Aged Care Quality Agency re-accreditation audit notices on display
* Archive room
* Brochures, pamphlets and Charter of Care Recipients’ Rights and Responsibilities displayed
* Care recipient likes and dislikes displayed in serveries
* Care recipients interacting with staff, visitors, volunteers and other care recipients
* Care recipients mobilising with mobility aids
* Care staff handover
* Clinical care equipment: air mattresses, cushions, limb protectors, mobility and transfer equipment, incontinence aids, wound care products and equipment in use and storage
* Daily menus displayed on monitors
* Emergency evacuation kit
* Equipment and supplies in use and in storage including manual handling equipment, mobility, protective equipment, hand rails, safe chemical and oxygen storage, safety data sheets and clinical and continence supplies
* Evacuation grab bag with care recipient list
* Fire panel and annual fire safety statement displayed, fire-fighting equipment, flip charts with emergency procedures, smoke detectors and sprinkler system, emergency exits clearly visible and signage for assembly points for evacuation
* Food clearly labelled with use by dates and date opened
* Infection control: infection control flip charts, hand washing facilities and hand sanitisers, personal protective and colour coded equipment, spills kits, sharps containers, contaminated waste disposal, outbreak management kits
* Living environment internal and external, free from clutter and comfortable communal areas available to care recipients and visitors, bbq, smoking area, chicken coop and garden shed
* Mission statement and organisational structure available
* Secure storage of confidential care recipient and staff information
* Short group observation in upstairs dining room
* Sign in and out books
* Staff access to information systems including computers
* Staff room with notices on display: influenza information, WH&S, emergency evacuation plans, annual site safety planner, schedule of mandatory training, EOI, staff meeting schedule, inclusion brochures, multicultural and faiths information, policy updates and working together as a team information
* Staff work practices and work areas including care services, catering, cleaning, laundry, maintenance and staff room
* Storage of medications
* The dining environments during midday meal service, morning and afternoon tea, care recipient seating, staff serving/supervising, use of assistive devices for meals and care recipients being assisted with meals

# Assessment information

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

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

### Principle:

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

**1.1 Continuous improvement**

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

**Team’s findings**

The home meets this expected outcome

The continuous improvement program includes processes for identifying areas for improvement, implementing change, monitoring and evaluating the effectiveness of improvements. Feedback is sought from care recipients, representatives, staff and other stakeholders to direct improvement activities. Improvement activities are documented on the plan for continuous improvement. Management uses a range of monitoring processes such as audits, surveys and quality indicators to monitor the performance of the home’s quality management systems. Outcomes are evaluated for effectiveness and ongoing monitoring of new processes occurs. Care recipients/representatives, staff and other personnel are provided with feedback about improvements. Recent examples of improvements in Standard 1 Management systems, staffing and organisational development are:

* In response from feedback from staff, it was identified that care recipients with advance care directive in place had respective documentation in their files which was not clearly identifiable to staff. Management developed a suitable indicator to be placed on the spine of respective care recipient’ folders so that staff can easily identify which residents have an advance care directive. Staff are now readily aware of care recipients advance care directive and maintaining their privacy and dignity.
* Staff feedback that they do not want to work for only 4 hours in laundry as they prefer longer hours in a day due to travelling to and from work over long distances. The service manager identified two roles that required 4 hours (laundry and ACFI) and reallocated a staff member to these roles. The staff member has received training to learn ACFI rules and to be supported by registered nurses and an ACFI Funding Specialist. The staff member has reported that she is enjoying the role and appears to be growing in confidence.

**1.2 Regulatory compliance**

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

**Team’s findings**

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and guidelines, and for monitoring these in relation to the Accreditation Standards. The organisation's management has established links with external organisations to ensure they are informed about changes to regulatory requirements. Where changes occur, the organisation takes action to update policies and procedures and communicate the changes to care recipients, their representatives and staff as appropriate. A range of systems and processes have been established by management to ensure compliance with regulatory requirements. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles. Relevant to Standard 1, Management are aware of the regulatory responsibilities in relation to police certificates and the requirement to provide advice to care recipients/representatives about re-accreditation site audits; there are processes to ensure these responsibilities are met.

**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's processes support the recruitment of staff with the required knowledge and skills to perform their roles. New staff participate in an orientation program that provides them with information about the organisation, key policies and procedures and equips them with mandatory skills for their role. Staff are scheduled to attend regular mandatory training; attendance is monitored and a process available to address non-attendance. The effectiveness of the education program is monitored through attendance records, evaluation records and observation of staff practice. Care recipients/representatives interviewed are satisfied staff have the knowledge and skills to perform their roles and staff are satisfied with the education and training provided. Examples of education and training provided in relation to Standard 1 Management systems, staffing and organisational development include: leadership forums for senior managers and specialist workshops and a pilot program for a new leadership development program to provide opportunities for staff to develop leadership skills and toolbox talks for key areas of staff which provides refresher education on the basics of their role and includes current issues.

**1.4 Comments and complaints**

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

**Team’s findings**

The home meets this expected outcome

There are processes to ensure care recipients/representatives and others are provided with information about how to access complaint mechanisms. Care recipients and others are supported to access these mechanisms. Facilities are available to enable the submission of confidential complaints and ensure privacy of those using complaints mechanisms. Complaints processes link with the home's continuous improvement system and where appropriate, complaints trigger reviews of and changes to the home's procedures and practices. The effectiveness of the comments and complaints system is monitored and evaluated. Results show complaints are considered and feedback is provided to complainants if requested. Management and staff have an understanding of the complaints process and how they can assist care recipients/representatives with access. Care recipients, their representatives and other interested people interviewed have an awareness of the complaints mechanisms available to them and are satisfied they can access these without fear of reprisal.

**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 documented the home's vision, philosophy, objectives and commitment to quality. This information is communicated to care recipients/representatives, staff and others through the charter of residents’ rights and responsibilities displayed in the home. The home’s strategic plan and quality objectives are integral to the promotion of quality improvements in the home. The home’s philosophy of care is promoted through staff orientation and education processes.

**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

There are systems and processes to ensure there are sufficient skilled and qualified staff to deliver services that meet the Accreditation Standards and the home's philosophy and objectives. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. Staffing levels and skill mix are reviewed in response to changes in care recipients' needs and there are processes to address planned and unplanned leave. The home's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. Care recipients/representatives interviewed are satisfied with the availability of skilled and qualified staff and the quality of care and services provided.

**1.7 Inventory and equipment**

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

**Team’s findings**

The home meets this expected outcome

The home has processes to monitor stock levels, order goods and maintain equipment to ensure delivery of quality services. Goods and equipment are securely stored and, where appropriate, stock rotation occurs. Preventative maintenance and cleaning schedules ensure equipment is monitored for operation and safety. The home purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Staff receive training in the safe use and storage of goods and equipment. Staff, care recipients and representatives interviewed stated they are satisfied with the supply and quality of goods and equipment available at the home.

**1.8 Information systems**

This expected outcome requires that "effective information management systems are in place".

**Team’s findings**

The home meets this expected outcome

The home has systems to provide all stakeholders with access to current and accurate information. Management and staff have access to information that assists them in providing care and services. Electronic and hard copy information is stored securely and processes are in place for backup, archive and destruction of obsolete records, in keeping with legislative requirements. Key information is collected, analysed, revised and updated on an ongoing basis. Data obtained through information management systems is used to identify opportunities for improvement. The home regularly reviews its information management systems to ensure they are effective. Staff interviewed stated they are satisfied they have access to current and accurate information. Care recipients/representatives interviewed are satisfied the information provided is appropriate to their needs, and supports them in their decision-making.

**1.9 External services**

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service’s needs and service quality goals".

**Team’s findings**

The home meets this expected outcome

The home has mechanisms to identify external service needs and quality goals. The home's expectations in relation to service and quality is specified and communicated to the external providers. The home has agreements with external service providers which outline minimum performance, staffing and regulatory requirements. There are processes to review the quality of external services provided and, where appropriate, action is taken to ensure the needs of care recipients and the home are met. Staff are able to provide feedback on external service providers. Care recipients/representatives and staff interviewed stated they are satisfied with the quality of externally sourced services.

**Standard 2 – Health and personal care**

**Principle:**

Care recipients’ physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team.

**2.1 Continuous improvement**

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

**Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 2 Health and personal care are:

* As a result of the service manager’s observation that some care recipients can become unsettled after lunch as the day progresses, he has put in place for staff to encourage a calm environment and commenced hand massages after lunch for those care recipients who wish this. Staff have been provided with in-service to provide hand massages and care recipients have responded positively to the program.
* Following feedback from staff that they sometimes need to access wound dressing materials for simple skin tears and they are not always readily available. “Skin tear” boxes with appropriate contents were introduced for staff to access in a hurry. Staff confirm that this has allowed staff a more efficient response to attending to simple skin tears.
* It was identified that there was a need to establish a more contaminant free method of collecting urine or faecal specimens from care recipients that the use of a slip pan or urinary bottle. Staff sourced a suitable receptacle for specimen collection and implement staff training. Staff feedback is that this new method is more user friendly and easy to use. There is no need to process slip pans or urinary bottles and minimal risk of contaminating specimens.

**2.2 Regulatory compliance**

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

**Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 2, management are aware of the regulatory responsibilities in relation to specified care and services, professional registrations and medication management. There are systems to ensure these responsibilities are met.

**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

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 2 Health and personal care include: Examples of recent education and training attended by staff in relation to Accreditation Standard Two include medication management/competencies; infection control, hand hygiene, manual handling continence management; wound care; nutrition and hydration and falls prevention.

### 2.4 Clinical care

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

#### Team’s findings

The home meets this expected outcome

Uniting Kari Court has a system to ensure care recipients receive appropriate clinical care. The manager is responsible for the overall clinical governance of care recipients. Registered nurses support the clinical governance of care recipients and attend an assessment summary care plan in order to identify the care needs of any new care recipient. The registered nurses supported by the Manager assess, plan, liaise with the care recipients’ medical officer and review care recipients care needs. This process occurs when care recipients enter the home and on an ongoing basis. Case conferencing supports consultation with care recipients/representatives in relation to all aspects of care. Care staff demonstrated an understanding of care recipients’ individual needs. Care recipients/representatives said they were satisfied with the clinical care received by care recipients.

### 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

There are systems to ensure appropriately trained staff are utilised to meet the needs of care recipients who require specialised nursing care. Registered nurses are responsible for the assessment of care recipients requiring specialised nursing care. Care plans are to be evaluated every four months and/or as needed. There is documentation relating to consultation with other health care specialists regarding care recipients’ care needs. Care staff demonstrated awareness of care recipients’ individualised specialised nursing care needs. Care recipients/representatives said they are satisfied with the level of specialised nursing care provided for care recipients.

### 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 care recipients are referred to appropriate health care specialists in accordance with their assessed needs. A review of care recipients’ clinical documentation indicates assessments and reviews have occurred by various health specialists. These include a dietician, psychogeriatrician, physiotherapist, podiatrist and speech pathologist. Care staff are aware of specialist input into care recipients’ care planning. Changes in care are communicated to staff by the manager/registered nurses as well as at staff handovers. Care recipients/representatives are aware of the availability of other health specialists if needed.

### 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

Systems are in place at the home to ensure care recipients’ medication is managed safely and correctly. This includes; safe and correct medication administration by staff who have received training, secure medication storage and incident reporting systems. Medication incidents are investigated and all incidents reviewed were actioned appropriately. The home uses a medication management system of blister packs provided by the local pharmacy. Safe and correct medication administration by care staff was observed and staff displayed understanding of the home’s medication management system, protocols, policies and procedures. Care recipients/representatives stated their medication is administered consistently and in accordance with their needs and preferences.

### 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 a system for assessing, monitoring and treating care recipients’ pain when they enter the home and as needed. Care plans are formulated with individual pain management strategies. A multidisciplinary approach involving medical, nursing, physiotherapy support a care recipient’s pain management program. A combination of treatment options is available to manage care recipients’ pain which includes but is not limited to heat, massage and pain relieving medication. Staff demonstrated knowledge of the processes required to effectively manage care recipients’ pain. Care recipients/representatives said they are satisfied with care recipients’ pain management treatment and with staff response to care recipients’ needs for pain management.

### 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

There is a system for palliative care which ensures the comfort and dignity of terminally ill care recipients is maintained. Consultation and communication processes are used to ensure care recipients, representatives, medical officers, care staff and all other health professionals are aware of the individual needs of the care recipients. The local hospital palliative care team is available to support the home’s staff in providing appropriate individualised palliative care as needed. Care staff are aware of the processes to be used when a care recipient is requiring end of life care.

### 2.10 Nutrition and hydration

This expected outcome requires that “care recipients receive adequate nourishment and hydration”.

#### Team’s findings

The home meets this expected outcome

The home has a system to ensure each care recipient receives adequate nourishment and hydration. When a care recipient enters the home an assessment is completed and the relevant information regarding nutrition and hydration is provided to the kitchen. Care recipients’ weights are recorded by care staff monthly and in line with their individual assessed need. Nutritional supplements are available for care recipients who require extra nutritional support. Specialised eating equipment is used on an individual basis to help promote independence. Documentation indicates and staff said care recipients receive appropriate special diets, dietary supplements, extra fluids and allied health referrals. The majority of care recipients/representatives said they are satisfied with the meals and drinks provided at the home. One care recipient said two meals could be improved.

### 2.11 Skin care

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

#### Team’s findings

The home meets this expected outcome

The home has systems to assess and monitor care recipients’ skin integrity. Care recipients’ skin care needs are assessed on entry to the home by the registered nurses and monitored daily by care staff. Registered nurses are responsible for care recipients wound management plans. The home uses a skin integrity issue reporting system to report any breaches in skin integrity. Care staff demonstrated knowledge of care recipients’ individual skin care needs. Care recipients/representatives said they are satisfied with the skin care provided by staff.

### 2.12 Continence management

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

#### Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ continence needs are managed effectively. Continence management strategies are developed for each care recipient following an initial assessment of urinary and bowel patterns. Care staff assist care recipients with their continence programs as required and care recipients’ bowel management programs are monitored daily. A continence link nurse liaises with the staff in relation to the individual continence needs of care recipients. Care staff said there is a sufficient supply of continence aids to meet care recipients’ needs. Care recipients/representatives said they are satisfied with the continence care provided to care recipients.

### 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

Uniting Kari Court St Ives has systems to ensure the needs of care recipients with responsive behaviours are managed effectively. All care recipients are assessed on entry to the home, behaviours identified and strategies to manage the behaviour/s are developed by registered nurses. Episodes of responsive behaviours are recorded in the care recipient’s progress notes and the care recipient is monitored closely. The registered nurses investigate for the presence of infection, pain or any other clinical issue if a care recipient’s responsive behaviour escalates. Referral to behaviour management specialists is available to assist staff to manage behaviours of concern. The home supports care recipients living with dementia in a safe environment. Care staff demonstrated knowledge of care recipients’ individual behavioural needs and management strategies. Care recipients/representatives said they are satisfied with the manner in which staff manage care recipients’ altered behaviours.

### 2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all care recipients”.

#### Team’s findings

The home meets this expected outcome

The home has processes to optimise care recipients’ levels of mobility and dexterity. Care recipients’ mobility and dexterity is assessed by the physiotherapist on their arrival at the home and on a needs basis. The physiotherapist develops individual programs for care recipients. Leisure/lifestyle officers arrange, walking groups and group exercise programs for the care recipients. The accident and incident reporting system includes analysis of incidents to identify trends and strategies to be implemented to reduce the number of falls a care recipient incurs. Care staff demonstrate an understanding of their responsibilities in relation to optimising care recipients’ mobility and dexterity. Care recipients/representatives said they are satisfied with care recipients’ mobility program.

### 2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

#### Team’s findings

The home meets this expected outcome

The home has a system to ensure care recipients’ oral and dental health is maintained. This includes initial and ongoing assessment of care recipients’ oral and dental needs. Care recipients’ day-to-day oral care is attended in line with individual care plans and referral to specialists is arranged according to care recipients’ needs and preferences. A dental technician attends the care recipients at the home on a needs basis. Care staff demonstrate an understanding of oral and dental care practices used in care recipients’ care. Care recipients/representatives said they are satisfied with the way in which care recipients’ oral health is maintained.

### 2.16 Sensory loss

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

#### Team’s findings

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed by staff at the home. The assessment process ensures any sensory loss is identified and referrals to appropriate specialists are made where required. The activity program incorporates activities to promote stimulation of the senses. Staff demonstrate an understanding of individual care recipients’ sensory needs. Care recipients/representatives report general satisfaction with the assistance provided by staff in relation to care recipients’ 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 ensures care recipients are able to achieve natural sleep patterns. An assessment of care recipients’ normal sleep routines is undertaken on entry to the home. From the assessment an individual sleep management plan, including the number of pillows, blankets, preferred settling time and other items are included. Interviews with staff confirm care recipients individual needs are assessed and met. Care recipients are encouraged to settle quietly in their rooms at night and staff can offer snacks and drinks during the night when required. Care recipients said they are able to have a good night’s sleep and the night staff are attentive to their needs.

**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 systems to identify and implement improvements. Recent examples of improvements in Standard 3 Care recipient lifestyle are:

* Staff feedback identified that it can take up to several days waiting for laundry labels to be provided by their supplier, resulting in misplaced clothing. Management purchased a suitable label machine and staff trained in its use. Clothing can now be labelled immediately preserving the privacy and dignity of care recipients.
* As a result of staff suggestion for a need to introduce soft ambient music to the dining rooms to enhance care recipient dining experience, management source two mini juke boxes for each dining room. These can be used with recorded music or radio. The juke boxes appear to add visual as well as auditory appeal to care recipients as they have commented favourably on them.

**3.2 Regulatory compliance**

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

**Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 3, management are aware of the regulatory responsibilities in relation to compulsory reporting, user rights, security of tenure and care recipient agreements. There are systems to ensure these responsibilities are met**.** A copy of care recipients’ rights and responsibilities is displayed at various places throughout the home. The home’s privacy policy aligns with changes to the Privacy Principles 2014.

**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

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to care recipient lifestyle. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 3 Care recipient lifestyle include: recreation staff are encouraged to study for their certificate IV in leisure and lifestyle; and staff are encouraged to undertake the free dementia-related on-line course.

### 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 involving staff and pastoral care staff offering support to care recipients and their families to adjust to life in the new environment and ongoing as needed. Documentation showed care recipients’ emotional needs and preferences are assessed and communicated in their care plans and appropriate referrals are made to other health professionals. There is a process to regularly update care recipients’ care plans. Management regularly evaluate and review the way emotional support is delivered. The majority of care recipients/representatives report satisfaction with the emotional support they receive at the home. One care recipient said ‘They talk to themselves’, another care recipient said ‘I’m past sad days at my age’, and the third care recipient had ‘no comment’ to make.

### 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

There is an effective system to assist care recipients to maintain their independence and links with their friends and the community within and outside the home. Care recipients are consulted about what independence means to them and how this can be achieved in relation to physical, emotional, intellectual, social, civic and financial aspects of their lives. This information and the agreed strategies to promote independence are communicated in their care plans and there is a process to regularly update this information. The home provides equipment, qualified staff, and programs to assist care recipients with sensory, mobility, communication and cognitive needs. Management review and evaluate the way independence is promoted and supported. Care recipients/representatives are satisfied with the support staff give to care recipients to achieve optimal independence.

### 3.6 Privacy and dignity

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

#### Team’s findings

The home meets this expected outcome

The home has policies, procedures and feedback mechanisms to support care recipients’ right to privacy, dignity and confidentiality. Staff interviews showed they understand each care recipient has a right to privacy, dignity and confidentiality and observation of staff practices are consistent with the home’s relevant policies and procedures. Information on rights and responsibilities is given to new care recipients/representatives and prominently displayed in the home. Observation confirms the environment supports care recipients’ privacy and dignity. Management evaluate the way privacy and dignity is recognised and respected. Care recipients/representatives are satisfied with the way staff respect their rights to privacy, dignity and confidentiality.

### 3.7 Leisure interests and activities

This expected outcome requires that "care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them".

#### Team’s findings

The home meets this expected outcome

There is a comprehensive lifestyle program developed from information obtained from care recipients/representatives about their life stories, interests, hobbies and special life events. Care recipients’ needs and preferences are communicated to staff in individualised care plans and these are regularly reviewed and updated. The recreational activities team effectively plan, implement, and evaluate the activity programs in consultation with care recipients/representatives. The programs are delivered by recreational activities staff with assistance from the volunteer program and care staff. The home has free range chooks and a cat the care recipient’s love feeding the chooks and collecting the eggs each day. Management monitor the effectiveness of the lifestyle programs. Care recipients/representatives are satisfied with the lifestyle program.

### 3.8 Cultural and spiritual life

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

#### Team’s findings

The home meets this expected outcome

The home has a system to promote care recipients’ individual interests and to ensure their customs, beliefs and cultural and ethnic backgrounds are fostered and respected. On entry to the home each care recipient’s cultural and spiritual needs are identified and documented, and there is a process for regular review. The pastoral care team facilitate spiritual and religious services and one-to-one visits to meet the needs and preferences of all care recipients. Staff demonstrate they know and understand the needs of care recipients from diverse cultures. Management evaluate the effectiveness of practices to foster care recipients’ cultural and spiritual needs. Care recipients/representatives are satisfied with the way staff value and support their cultural and spiritual needs.

### 3.9 Choice and decision-making

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

#### Team’s findings

The home meets this expected outcome

There is a system for care recipients and/or representatives to exercise choice and control over care, lifestyle and services. Documentation showed each care recipients’ specific needs and preferences are assessed and communicated to staff and external health service providers. The staff facilitate forums and provide access to information that informs and encourages care recipients/representatives to consider and express their views about care and services. Care recipient/representative and staff interviews verified care recipients make choices including meals, personal and health care, health professionals, environment and activities as long as they do not infringe on the rights of other care recipients. Management review practices to ensure care recipients are supported to participate in decision-making. Care recipients/representatives are satisfied with their participation in decision-making and ability to make choices.

**3.10 Care recipient security of tenure and responsibilities**

This expected outcome requires that "care recipients have secure tenure within the residential care service, and understand their rights and responsibilities".

**Team’s findings**

The home meets this expected outcome

Care recipients and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the home, fees and charges and information about complaints, when they enter the home. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or their representative. If a change in care recipient health requires a room change or transfer to another home, this is discussed with the care recipient and/or their representative. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to care recipient rights, responsibilities and security of tenure. Staff demonstrate an understanding of care recipient rights. Care recipients/representatives interviewed are satisfied care recipients have secure tenure within the home and understand their rights and responsibilities.

**Standard 4 – Physical environment and safe systems**

**Principle:**

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

**4.1 Continuous improvement**

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

**Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 4 Physical environment and safe systems are:

* Catering staff reported that they require a step ladder in the kitchen so that staff can access higher shelves safely. A step platform that was used was in need of repair and is insufficient to provide adequate height for ease of access to higher shelves. An appropriate step ladder was purchased and catering staff access and use this ladder when necessary. Feedback from staff is that the new ladder is more stable and provides good reach.
* Service manager identified that the view from rooms 14 and 15 look out to the back of kitchen where rubbish bins are stored. The view from the garden path walking past the kitchen also looks into the back of the kitchen where the bins are stored. The Manager involved care recipients in the project to find a suitable screen. As a result a bamboo screen fence was chosen for the project which provides a more pleasant outlook for care recipients from their rooms and also from the walking path around the home.
* An internal review of the home identified that the storage of continence aids was inadequate and were stored in various cupboards throughout the facility. Continence aids had been ordered on demand rather than according to a scheduled order based on stock inventory. Management identified a suitable area to store aids in, implemented a regular ordering system to ensure availability of aids according to care recipients’ needs and educate staff on continence aid allocation and management. Communication booklets were provided to encourage staff feedback, and extra aid booklets were provided to offer an insight into care recipient patterns and areas for improvement for aid allocation.

**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 regulatory compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Four.

* A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations.
* A review of staff training records and interviews with staff indicates that staff have fulfilled the mandatory fire awareness and evacuation training.
* The home has a NSW Food Authority licence and a food safety program as required by the Vulnerable Persons Food Safety Scheme.
* Chemicals are securely stored and material safety data sheets (MSDS) are displayed adjacent to the chemicals to which they refer in accordance with work health and safety legislation.

**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

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard Four. Examples of recent education attended by staff in relation to Accreditation Standard Four include:

* Annual mandatory fire awareness, equipment and evacuation procedure; manual handling; infection control/hand washing; role specific safe food handling.
* Workplace health and safety; chemical safety; outbreak management.

**4.4 Living environment**

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

**Team’s findings**

The home meets this expected outcome

The home's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. Environmental strategies are employed to minimise care recipient restraint. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Care recipients/representatives interviewed are satisfied the living environment is safe and comfortable.

**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 processes to support the provision of a safe working environment, including policies and procedures, staff training, routine and preventative maintenance and incident and hazard reporting mechanisms. Opportunities for improvement in the work health and safety program are identified through audits, inspections, supervision of staff practice, and analysis of incident and hazard data. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's workplace health and safety program. Staff were observed to carry out their work safely and are satisfied management is actively working to provide a safe working environment.

**4.6 Fire, security and other emergencies**

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

**Team’s findings**

The home meets this expected outcome

Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff; this includes an emergency evacuation plan. Staff are provided with education and training about fire, security and other emergencies when they commence work at the home and on an ongoing basis. Emergency equipment is inspected and maintained and the environment is monitored to minimise risks. Staff have an understanding of their roles and responsibilities in the event of a fire, security breach or other emergency and there are routine security measures. Care recipients and representatives interviewed are aware of what they should do on hearing an alarm and feel safe and secure 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 has processes to support an effective infection control program. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff and management follow required guidelines for reporting and management of notifiable diseases. Care plans describe specific prevention and management strategies. The home's monitoring processes identify opportunities for improvement in relation to infection control; this includes observation of staff practices, analysis of clinical and infection data and evaluation of results. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, vaccination programs, a pest control program, waste management and laundry processes. Staff are provided with information about infections at the home and have access to policies and procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Care recipients/representatives and staff interviewed are satisfied with the prevention and management of infections.

**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 identifies care recipients' needs and preferences relating to catering services on entry to the home through assessment processes and consultation with the care recipient and their representatives. There are processes available that support care recipients to have input into the services provided and the manner of their provision. The home's monitoring processes identify opportunities for improvement in relation to the catering services provided; this includes feedback from care recipients/representatives and monitoring of staff.