



**Australian Government**

---

**Australian Aged Care Quality Agency**

**Ashley House Pty Ltd**

RACS ID 2281  
97 Ashley Street  
Roseville NSW 2069

**Approved provider: Ashley House Pty Ltd**

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 24 August 2018.

We made our decision on 29 June 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.

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

## 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.

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

## 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**

**Ashley House Pty Ltd 2281**

**Approved provider: Ashley House Pty Ltd**

### **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

## 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

<b>Team leader:</b>	Delia Cole
<b>Team member/s:</b>	Margaret Merlin

## Approved provider details

<b>Approved provider:</b>	Ashley House Pty Ltd
---------------------------	----------------------

## Details of home

<b>Name of home:</b>	Ashley House Pty Ltd
<b>RACS ID:</b>	2281

<b>Total number of allocated places:</b>	39
<b>Number of care recipients during audit:</b>	28
<b>Number of care recipients receiving high care during audit:</b>	26
<b>Special needs catered for:</b>	Nil

<b>Street/PO Box:</b>	97 Ashley Street
<b>City/Town:</b>	Roseville
<b>State:</b>	NSW
<b>Postcode:</b>	2069
<b>Phone number:</b>	02 9412 2451
<b>Facsimile:</b>	02 9415 3360
<b>E-mail address:</b>	Nil

## Audit trail

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

### Interviews

Category	Number
Aged Care Manager	1
Manager	1
Clinical Manager	1
Registered nurse	2
Care staff	4
Physiotherapist	1
Chief Financial Officer	1
Care recipients/representatives	10
Laundry staff	1
Cleaning staff and supervisor	2
Maintenance officer	1
Catering staff	2
Pastoral Carer	1
Diversional Therapist	1

### Sampled documents

Category	Number
Care recipients' files	10
Summary/mini care plans	4
Blood glucose directives	4
Wound charts	6
Incident reports	10
Care recipients' resident agreement	5
Medication charts	10
Staff files (including confidentiality agreements)	7
Resident agreements	3
Care plans	17
Personnel files	6

## Other documents reviewed

The team also reviewed:

- Accident and incident forms, collated data reports and continuous improvement initiatives
- Activities documentation including assessments, programs and evaluations
- Cleaning manual, procedures and schedule
- Clinical care records including care plans, assessments, clinical observation charts, care directives, progress notes, wound care charts, weight monitoring records and case conference records
- Communication books
- Consolidated register of reportable incidents
- Continuous improvement plan and register, audit and survey schedule and results
- Contractor and service providers register, agreements, service records, police checks, professional registrations
- Corporate business improvement plan
- Dietary needs and preferences records and daily menu choices
- Education program, attendance records, competencies, evaluations and reports, orientation program
- Emergency procedures manual and disaster management plan
- Fire safety alarm system inspection and testing records, annual safety certification
- Food safety manual and records, menu, NSW Food Authority audit report and licence
- Infection control policies, procedures, infection surveillance data, outbreak management plans, staff and care recipients vaccination consent and records
- Information management including: meeting minutes, memoranda, registered nurse communication book, communication diary, memos, daily handover reports and newsletter and organisational handbooks
- Maintenance book, preventative and corrective maintenance program and records
- Medication management documents including medication incident reports, medication directives, signing registers, dangerous drug register, primary medication and signing charts
- Human resource management records including police certificates report, policy and procedure/protocol manuals, Position descriptions and duties lists, staff appraisal pack, roster and handbook



- Re-accreditation self-assessment
- Relative feedback survey
- Resident agreements, handbook and information pack
- Self-assessment documentation for re-accreditation
- Signed consent forms

## **Observations**

The team observed the following:

- Activities in progress, activity resources and activity program displayed
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Charter of care recipients rights and responsibilities displayed
- Cleaning in progress including use of equipment, trolleys, wet floor signage boards, chemical storage, safety data sheets
- Comments, complaints and advocacy mechanisms available including internal and external forms, posters and brochures, improvement forms, locked suggestion box
- Equipment, supply, storage and delivery areas
- Evacuation kit and emergency kit
- Feedback, suggestion and complaints forms and brochures available
- Fire safety instructions, equipment, evacuation plans, emergency evacuation bag, annual fire safety statement, emergency procedures flipcharts
- Infection control resources including: spill kits,
- Information for residents/representatives
- Interactions between staff and care recipients
- Living environment
- Noticeboards for residents and staff
- Philosophy, vision and values on display
- Staff work areas
- Waste disposal facilities

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

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

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

- Following a comprehensive review, January 2014, of the continuous improvement management system, corporate management determined to implement a new framework in the home. The new quality framework has results that show improvements across the Accreditation Standards in management systems, organisational development, and are responsive to the needs of care recipients/representatives, staff, and other stakeholders.
- A paper-based system of criminal history records checking did not have an efficient process to identify the expiry of individual records. Corporate management has implemented an electronic spreadsheet that efficiently and effectively identifies individual records due to expire within two months. Relevant staff are notified and a timely criminal history record check is completed.
- A review of the orientation program in April 2015 identified the need to incorporate newly implemented quality processes and policy and procedures to the orientation program for staff. Inclusions to the orientation program include: the newly established infection prevention and control policy; a clinical 'pocket list' of care recipients' care needs and the relevant shift duty list; revised mandatory reporting and incident reporting.

## 1.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

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

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

- Criminal history record checks are carried out for all staff.
- Agreements/contracts with external service providers confirm their responsibilities under relevant legislation, regulatory requirements and professional standards, and include criminal history record checks for contractors visiting the home.
- Care recipients/representatives were informed of the re-accreditation site audit in accordance with the Quality Agency Principles 2013.

### **1.3 Education and staff development**

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

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

The home meets this expected outcome

There is a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. There is a comprehensive orientation program for all new staff and agency staff. A buddy system is used to support the new staff during their first days of employment. There is an education program, including topics covering the four Accreditation Standards, which is developed with reference to staff surveys, performance appraisals, regulatory requirements, and management assessments. It includes: in-service training by senior staff, training by visiting trainers and suppliers, DVDs from an aged care training subscription service, one to one training on duty, and access to external training and courses. Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through performance appraisals and competency assessments. Management and staff interviewed report they are supported to attend relevant internal and external education and training. Care recipients/representatives interviewed are satisfied the staff are effectively performing their roles.

Education and training relating to Accreditation Standard One included such topics as: continuous improvement; accreditation; policies and procedures/protocols; bullying and harassment.

### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

Care recipients/representatives are informed of internal and external complaint mechanisms through the care recipient handbook, discussion during orientation to the home, notices and at care recipients' meetings. Forms for comments and complaints are available in the home and brochures about an external complaint mechanism and advocacy service are also available. Complaints are logged in the continuous improvement system and we noted issues raised are addressed in a timely manner to the satisfaction of complainants. Care recipients/representatives can also raise concerns and identify opportunities for improvement through care recipient meetings, case conferences, satisfaction surveys and informally. Care recipients/representatives say they are aware of how to make a comment or complaint and feel confident concerns are addressed appropriately.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The vision, values, philosophy and commitment to quality are documented and on display in the home. They are also available to all care recipients/representatives, staff and other stakeholders in a variety of documents used in the home. Vision, mission and values are included in the orientation program to ensure staff are fully aware of their responsibility to uphold the rights of residents and the home's objectives and commitment to continuous improvement. Feedback from care recipients/representatives and staff and observations of staff interaction with care recipients demonstrated the vision and values of the home underpin the care provided.

## 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

Ashley House management has systems to ensure there are appropriately skilled and qualified staff to meet the needs of the care recipients. New staff are screened through the recruitment process to ensure they have the required skills, experience, knowledge and qualifications for their roles. The orientation and education program, outlined in expected outcome 1.3 Education and staff development, provide the staff with further opportunities to enhance their knowledge and skills. There are position descriptions for all roles and policies and procedures/protocols provide guidelines for all staff. The staffing mix and levels are determined with reference to care recipients' needs, a range of clinical monitoring data and feedback from staff and care recipients/representatives. Relief staff are drawn from existing permanent, casual and agency staff to ensure any vacancies that arise in the roster are filled. The performance of staff is monitored through annual appraisals, competencies, meetings, audits, the feedback mechanisms of the home and ongoing observations by management. Staff interviewed said they have sufficient time to complete their designated tasks and meet care recipients' needs. Care recipients/representatives report their satisfaction with the care provided by the staff.

## 1.7 Inventory and equipment

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

### **Team's findings**

The home meets this expected outcome

There is a system to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. The home enters into service agreements with approved suppliers and

there are processes to identify the need to re-order goods, address concerns about poor quality goods, maintain equipment in safe working order and replace equipment.

Responsibility for ordering goods is delegated to key personnel in each department and is overseen by the manager. Maintenance records show equipment is serviced in accordance with a regular schedule and reactive work is completed in a timely manner. The system is monitored through regular audits, surveys, meetings and the feedback mechanisms of the home. We observed adequate supplies of goods and equipment available for the provision of care, to support care recipients' lifestyle choices and for all hospitality services. Staff confirm they have sufficient stocks of appropriate goods and equipment to care for care recipients and are aware of procedures to obtain additional supplies when needed.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

There are information management systems to provide management and staff with information to perform their roles effectively and keep care recipients/representatives well informed. Assessments and clinical care documentation, which are regularly reviewed, provide the necessary information for effective care. A password protected computer system facilitates electronic administration and e-mail communication between the corporate office and the home. Policy and procedure manuals and position descriptions clearly outline correct work practices and responsibilities for staff. Care recipients/representatives receive information when they come to the home and through meetings, case conferencing and newsletters. Mechanisms used to facilitate communication between and amongst management and staff include meetings, messages, handover sheets, feedback and reporting forms, newsletters and noticeboards. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and care recipients/representatives report they are kept well informed and consulted about matters that impact on them.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

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

recipients/representatives, staff and management interviewed say they are satisfied with the external services provided.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's system for actively pursuing continuous improvement.

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

- Feedback from care staff provided dissatisfaction with the small clinical room which they stated was difficult to effectively work in. Management renovated two rooms: one where care staff, medical officers and other healthcare team members complete care recipient documentation; and the other for the storage of supplies and care recipient treatments. A hand washing facility and S8 medication storage was also installed in this room. Staff have provided satisfaction with the improvements at meetings and handover discussions.
- An audit of care plans in December 2014 identified gaps in care plan evaluation records and that care staff found the system confusing. Management implemented a standardised reformatted care plan and incorporated care recipients' current care management requirements. Management commissioned an external registered nurse to review the new care plan tool for efficiency and effectiveness of information management. Care staff have been provided education in the use of the newly reformatted care plan and a formal evaluation is scheduled for September 2015.
- Care staff feedback advised management they wanted an easy reference of comprehensive information on care recipients' preferences and care requirements. A clinical 'pocket list' document was developed. One side reflects current care recipients' care preferences and needs, and the other side details the relevant shift duty list.



## 2.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

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

- A record is kept of the current registration of registered nurses and other health care professionals.
- Medications are administered safely and correctly in accordance with current regulations and guidelines.
- Government guidelines and industry body resources are available to management and staff on topics relating to health and personal care.
- The home has a policy and procedures for the notification of unexplained absences of residents and maintains a register for recording these incidents.

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Education and training relating to Accreditation Standard Two included such topics as: continence management, toileting, wound management, medication administration, and palliative care

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

The home has established new systems, processes and documentation to ensure care recipients receive appropriate and timely clinical care. A comprehensive, multidisciplinary

assessment of the care recipient is undertaken on entry to the home. Care plans are formulated, based on the assessment information by the care manager, registered nurses, physiotherapist, activity and care staff in consultation with care recipients/representatives. These care plans are reviewed and updated every three months and as needed. Case conferences are held shortly after admission and then annually, or as required, to discuss aspects of care and service. We observed staff providing care consistent with care recipients' care plans. Daily observations and any changes in their condition are noted in the care recipients' files. Care recipients' files show doctors and other relevant health care specialists regularly visit and review the care recipients' condition. Clinical care is monitored through daily observations, handover and analysis of clinical data and is overseen by the manager, care manager and registered nurses. The home is transitioning from a paper based clinical record system to a computer based system. Care recipients/representatives interviewed confirm they are kept informed about the clinical care required and are satisfied with the care provided and the communication with care staff.

## **2.5 Specialised nursing care needs**

*This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".*

### **Team's findings**

The home meets this expected outcome

The home has newly implemented and effective systems to identify and meet care recipients' specialised nursing care needs. This includes initial and ongoing assessments and appropriate care delivery that is regularly reviewed and evaluated in consultation with care recipients and medical/allied health professionals, as appropriate. The registered nurses deliver all specialised care needs, such as enteral feeding programs, anticoagulant therapies, wound care and diabetic management. There is access to medical and allied health specialists, as required. Staff are provided with education and support to ensure they appropriately manage care recipients' complex and specialised care needs. Care recipients/representatives stated they are satisfied with the management of specialised care needs.

## **2.6 Other health and related services**

*This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the resident's needs and preferences".*

### **Team's findings**

The home meets this expected outcome

The care recipients are able to access appropriate health specialists through referrals from their doctors or registered nurses. A number of health care specialists visit the home on a regular basis and as required. Other specialist health services can be accessed in the community and through the local hospitals or local area health services. The home employs a physiotherapist who attends the home to review all mobility and pain management needs of care recipients and to develop and deliver treatment programs. Records of visits to specialists are kept in care recipients files and relevant advice from these specialists is included in care recipients' care plans. Staff advised and care recipients/representatives confirm the home assists in the arrangement of appointments to health specialists and transportation to appointments, as necessary.

## **2.7 Medication management**

*This expected outcome requires that “care recipients’ medication is managed safely and correctly”.*

### ***Team’s findings***

The home meets this expected outcome

The home has policies and procedures for the safe and correct management of medication. The medication needs of a care recipient are assessed when they come to the home in consultation with care recipients/representatives and their doctor. Medications are delivered from blister packs which we observed are stored securely. Registered nurses are responsible for administering medication and we observed them using safe and correct procedures.

Doctors review care recipients medication needs every three months, or as needed and an independent external provider conduct reviews of all care recipients’ medication regularly. Care recipients, if assessed and approved by the doctor, can self- medicate all, or some of their medications. Any medication incidents are reported, documented and appropriately addressed. There is a medication advisory committee with attendees including, doctors, pharmacist and registered nurses. This committee meets regularly to oversee medication management, including policies and legislation. Care recipients/representatives interviewed report care recipients are assisted with their medication requirements and express satisfaction with the administration of 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

Care recipients are assessed for any pain management needs when they come to the home and on an on-going basis. Individual pain management strategies are prepared by the physiotherapist and registered nurses, in consultation with care recipients/representatives and their doctors. Staff administer medication for pain relief, as prescribed, and also provide alternatives to medication interventions such as heat packs, therapeutic massage and exercise programs. Feedback is sought from care recipients/representatives as to the effectiveness of pain management strategies. Care recipients/representatives interviewed confirm care recipients are maintained as free from pain as possible and that pain relief can be accessed as required.

## 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

When it is identified that care recipients require palliative care the home reviews the care needs and strategies are put in place to support the care recipient in a way that respects their wishes. Together with the care recipient and their family a palliative care plan is developed and end of life wishes are established, or reviewed and updated regularly.

Advanced care directives are encouraged to be completed to ensure that the care recipients’ wishes are known and respected. Palliative care, including pain management, is provided by staff and arrangements are made for transfer to a hospital if the care recipient/representative wishes. The local ministers of religion visit the home and are contacted on the request of care recipients and/or their families to provide pastoral care. Care recipients/representatives interviewed confirm they are satisfied their wishes will be respected and care recipients’ comfort and dignity will be maintained at the end of life.

## 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 an effective system to assess, monitor and evaluate the needs of care recipients to ensure they receive adequate nourishment and hydration. Care recipients are assessed on entering the home for dietary needs and preferences and these are documented in a care plan that is reviewed every three months. The care recipients are offered a menu that has been reviewed and approved by a dietician. Diabetic diets and dietary supplements are available, as needed. The registered nurses can initiate nutritional supplements if weight loss is identified. Care recipients are weighed each month and the home has access to a dietician and a speech therapist when eating or swallowing difficulties are identified. Staff assist care recipients with their meals, as required and provide care recipients with fluids at meals and additional snacks and fluids regularly throughout the day. Care recipients/representatives interviewed confirm care recipients are served food that generally meets their preferences and dietary requirements.

## 2.11 Skin care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ skin integrity is assessed on admission to the home with skin care needs identified and incorporated into care plans that are evaluated on a regular basis. Staff monitor care recipients’ skin integrity daily, provide moisturiser for care recipients after bathing and

encourage care recipients to maintain an adequate fluid intake. All skin tears are reported on incident forms and reviewed by the care manager and registered nurses.

Registered nurses undertake all wound care for acute and chronic wounds. The home provides a range of dressing products and skin protection aides. A podiatrist visits the home regularly to provide foot care, as needed. A wound care specialist is accessed for additional consultations and wound reviews, if indicated. Care recipients/representatives interviewed confirm they are satisfied with the care provided.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

All care recipients have a continence assessment on entry to the home and continence management care plans are developed and regularly reviewed and evaluated. Care recipients have access to communal toilets and bathrooms throughout the home and access to a call bell system in their rooms when physical assistance is required. Toileting programs are established for care recipients who require regular assistance and supervision. Staff monitor and document the continence of care recipients in daily charts and progress notes. Prescribed aperients and dietary interventions are also used to support continence management, if required. There are adequate supplies of disposable continence aids of varying sizes available and staff are trained in the use of these products. Care recipients/representatives interviewed confirm care recipients are satisfied with the care provided and that continence is managed effectively.

## **2.13 Behavioural management**

*This expected outcome requires that “the needs of care recipients with challenging behaviours are managed effectively”.*

### **Team’s findings**

The home meets this expected outcome

The home demonstrated the needs of those care recipients with challenging behaviours are managed effectively. Behavioural assessments are carried out on entry to the home and strategies to deal with challenging behaviours are set out in care plans, which are reviewed regularly. All behavioural incidents are recorded on incident reports and reviewed by the registered nurse and care manager. Psychogeriatric and dementia specialists from the local area health services are available for referrals, consultation and training of staff. Staff are provided with education in behavioural management and were observed interacting appropriately with care recipients with behavioural problems. Care recipients/representatives confirm they are satisfied with the care and the way any challenging behaviours are managed.

## **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 mobility and dexterity of care recipients is assessed on entry to the home and on an ongoing basis by the physiotherapist. The physiotherapist provides a mobility care plan, pain management plan, falls risk assessment and manual handling directions as well as individual and group exercise programs for care recipients. The manual handling needs of care recipients are also assessed to identify the need for equipment and assistance by staff and mobility aids are available to all care recipients. The effectiveness of strategies to achieve optimum mobility and dexterity is monitored by review of clinical data and regular case reviews by the care team. Care recipients/representatives interviewed say they are satisfied with the assistance provided to care recipients to achieve optimum levels of mobility and dexterity.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

The home demonstrated that care recipients’ oral and dental health is maintained. Care recipients’ oral and dental care needs and preferences are identified on entry to the home, documented on care plans and monitored in an ongoing manner. Staff assist care recipients with oral hygiene daily, as outlined in the care plan and any needs or problems are noted and referred for specialist service. Care recipients with their own teeth are encouraged and supported to maintain their independence in terms of oral and dental hygiene. The home has access to a mobile dental service which will visit the home to provide assessments, follow up treatment and referrals for oral and dental care. Care recipients/representatives interviewed said care recipients are assisted with oral hygiene when necessary and are satisfied with the 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

Assessments of care recipients’ sensory loss are undertaken on entry to the home and strategies to cater for sensory needs are documented in care recipients’ care plans. Staff assist care recipients with fitting and cleaning glasses and hearing aids as part of the care recipients’ daily hygiene routine. There is an effective system for managing care recipients’ hearing aids and battery replacements. We observed staff interacting sensitively with care recipients with sensory loss. An optometrist visits the home periodically and an audiologist can be accessed to visit the home, as needed. The home provides a safe, hazard free environment and aids to assist those with sensory loss such as large print books, enlarged activity programs calendars and games and quizzes in enlarged formats. Care

recipients/representatives interviewed indicate they are satisfied with the management of sensory loss.

## **2.17 Sleep**

*This expected outcome requires that “care recipients are able to achieve natural sleep patterns”.*

### ***Team’s findings***

The home meets this expected outcome

Care recipients’ sleep and rest needs and preferences are assessed on entry to the home and strategies to help care recipients try to achieve natural sleep patterns are documented in the care recipients’ care plans. Care recipients stated there is minimum disruption to their sleep and rest periods and care recipients can choose their own retiring and waking times.

Strategies to assist care recipients achieve a natural sleep pattern include, pain and continence management, heat packs, warm drinks and medication where prescribed. There is a nurse call system to alert staff to any night time difficulty that care recipients may encounter. Care recipients/representatives interviewed confirm that the environment is generally quiet at night and care recipients are satisfied with strategies to assist them if they have difficulty sleeping.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

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

- A room based nurse call system did not provide a communication call point for care recipients who chose to spend time in the external gardens/courtyard. Management purchased and provided these care recipients with ‘call point’ pendants. Care recipient feedback indicates their increased confidence to mobilise independently to the external environment for their enjoyment.
- Care recipient feedback identified the loss of their pet on entry to the home to have had a significant emotional impact. Management have established a service agreement with an animal visiting organisation who attends the home fortnightly. Care recipient meeting minutes recorded satisfaction with the animal visitation program.
- At a care recipient meeting there was a request for management to consider providing additional bus outings to be scheduled on the leisure and activity program. A comprehensive review of bus outings was undertaken. Management have entered into agreement with the local council for a twelve seater bus; outings have been increased to monthly; supplies for outings now include a spill kit, a first aid kit and refreshments for care recipients. Expression of satisfaction with the improvement has been recorded at care recipient/representative meetings.



### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

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

- Information is provided to care recipients/representatives in the resident handbook and the resident agreement regarding residents’ rights and responsibilities including security of tenure and the care and services to be provided to them.
- The Charter of residents’ rights and responsibilities is included in the handbook and displayed in the home.
- Staff are trained in care recipients’ rights and responsibilities and also sign a confidentiality agreement to ensure care recipients’ rights to privacy and confidentiality are respected.
- The home has a policy and procedures for the mandatory reporting of alleged and suspected assaults and maintains a register of these incidents.
- Training has been provided for staff on the mandatory reporting of elder abuse.

### 3.3 Education and staff development

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Education and training relating to Accreditation Standard Three included such topics as: privacy and dignity; resident rights; grief and anger; compulsory training on elder abuse and mandatory reporting.

### **3.4 Emotional support**

*This expected outcome requires that "each care recipient receives support in adjusting to life in the new environment and on an ongoing basis".*

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

The home meets this expected outcome

Care recipients and representatives interviewed expressed satisfaction with the assistance provided by staff to meet their initial and ongoing emotional needs. The home has systems to assess emotional needs of the care recipients through consultation with the care recipient and their representatives. Family and friends are encouraged to visit and are included in activities. Information is collected on entry and specific information is documented, which reflects care recipient wishes, interests and emotional needs. Information in relation to feedback from care recipients and representatives is gained through individual discussions, family conferences, clinical assessments and care recipient meetings. Birthdays and special occasions are celebrated. Care recipients state they are happy living at the home and the staff are respectful, kind and caring. Observations of staff interactions with care recipients during the re-accreditation audit demonstrated that staff are aware of residents needs for support and this was provided.

### **3.5 Independence**

*This expected outcome requires that "care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".*

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

The home meets this expected outcome

The home provides a welcome environment for visiting family or friends and community groups, with care recipients being encouraged to participate in life outside the home whenever possible. A range of strategies are implemented to promote independence, including the provision of services and equipment for care recipient use and a leisure activity program. Care recipients' preferences in relation to a range of activities of daily living and lifestyle are sought and acted upon and programs are displayed in communal areas to facilitate independence. Participation in the local community is promoted through bus trips, maintaining electoral obligations, visiting entertainers, religious volunteers and pet visitors.

Care recipients say they are encouraged to maintain their independence and contact with the local 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

Staff of the home protect the privacy and dignity of care recipients during personal care and other activities of daily living and management ensure the confidentiality of care recipients' personal information. Staff handovers and confidential care recipient information is discussed

in private and care recipients' files and computer records are stored securely. Staff demonstrate an awareness of practices which promote the privacy and dignity of care recipients. These include closing care recipient rooms and communal bathroom doors and when providing personal care. Care recipients who are reliant on staff for their dressing and grooming requirements are well presented and dressed appropriately for the weather. Care recipients say staff are polite, respect their privacy, knock on doors prior to entering and close doors during care provision.

### **3.7 Leisure interests and activities**

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

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

The home meets this expected outcome

The home provides a varied individual and small group lifestyle program which is developed by a qualified diversional therapist in consultation with care recipients. The individual interests and preferred activities of care recipients are identified on admission. Information obtained from care recipient meetings and one-on-one discussions is also used to plan suitable group and individual activities. The diversional therapist, pastoral carer and volunteers provide activity programs over seven days a week. Activity programs are displayed and include physical exercise, therapeutic activities such as massage, mental stimulation, general social interaction and special events. Care recipients are informed of recreational activities available through the activity calendars in addition to verbal prompts about the activities of the day. Care recipients told us there are a variety of activities and outings provided and whilst they are encouraged to participate their decision not to do so is 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

All care recipients and their representatives interviewed stated they were satisfied that care recipients' cultural and spiritual backgrounds are known and respected. The home's system identifies care recipients' social, cultural and spiritual needs on entry to the home in consultation with them and their representatives. Specific cultural days are commemorated such as Australia day and Easter and involvement from families and friends is encouraged. Church services are held onsite. The home has access to ministers from different denominations available to visit. Care recipients say they are happy with the cultural and spiritual support provided.

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

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

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

The home meets this expected outcome

The home encourages care recipients to exercise choice and control over their lifestyle through participation in decisions about the services each care recipient receives, whenever possible. Care recipients are able to describe many examples of where they are encouraged by staff to make their own decisions. This includes choice of participation in activities, choice of personal items in rooms and input into care delivery. All care recipients are provided with a handbook that details the services available and are able to decorate their own rooms with personal belongings, space and safety matters permitting. The care recipient meetings provide a forum to discuss a range of issues, including catering, activities and any other matters arising. Staff were observed providing care recipients with choice in a range of activities of daily living. Care recipients say they are happy with the choices available to them and that their decisions 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

All care recipients/representatives are provided with an information pack prior to coming to the home which outlines the rights and responsibilities of the care recipient. This includes a handbook which gives detailed information about all aspects of life at the home. The home's mission statement and the charter of residents' rights and responsibilities are included in the information pack and handbook and are clearly displayed in the home. An agreement is offered to all care recipients and fully details all services provided, fees and charges, rules of occupancy and information about security of tenure and other rights of care recipients. Care recipients say they understand their rights and feel secure in their tenure.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

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

- The home had extensive refurbishment during 2014. The home has been freshly painted throughout; all rooms window fittings, curtains, privacy blinds and curtains have been installed; fourteen new electric operation ‘hi-low’ beds have been implemented; new bedspreads and mattresses have been provided; twenty care chairs and ten lounge chairs have been replaced. The refurbishment has helped create a more homelike environment and there has been very positive feedback from care recipients/representatives.
- The garden area was largely unused so in 2014 it was renovated. It was landscaped and new outdoor furniture was purchased. The renovated garden area provides a more inviting outdoor environment and is being used more often. The environment provides for greater safety for residents and ease of maintenance. There has been positive feedback from care recipients/representatives and some also report they enjoy the more attractive outlook from their rooms.
- Fire sprinkler system has been installed at the Home. To ensure there is availability of suitably trained staff to take charge in case of emergency registered nurses have received fire safety officer training officer.

## 4.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring compliance with relevant legislation, regulatory requirements, professional standards and guidelines.

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

- Fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations, staff have fulfilled the mandatory fire awareness and evacuation training and the annual fire safety statement is on display in the home.
- The home has a business continuity and disaster management plan in accordance with the NSW Health plan as required for all hospitals and health care facilities.
- The home has a NSW Food Authority licence as required by the Vulnerable Persons Food Safety Scheme and the home has a food safety program.
- Safety data sheets (SDS) are displayed adjacent to the chemicals to which they refer.

## 4.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and Staff Development for details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Education and training relating to Accreditation Standard Four included such topics as: mandatory training in fire safety and evacuation, infection control, manual handling, safe handling of chemicals, workplace health and safety, incident reporting, and food safety.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with the care recipients' needs. All care recipients are accommodated in shared and individual rooms with shared bathrooms. Communal areas, lounge rooms, courtyards and gardens are enjoyed by care recipients. The living environment is clean, well-furnished and free of clutter. It is well lit and has a heating/cooling system to maintain a comfortable temperature. The buildings and grounds are well maintained with a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through environmental inspections, care recipient/representative feedback, incident/accident reports, audits and observation by staff. Care recipients/representatives interviewed express their satisfaction with the living environment.

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

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

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

The home meets this expected outcome

Management has a system to provide a safe working environment that meets regulatory requirements. The home's meeting with staff from all departments, meets regularly and oversees work health and safety within the home. All staff are trained in manual handling, work health and safety and fire awareness and evacuation procedures during their orientation and on an on-going basis. Equipment is available for use by staff to assist with manual handling and personal protective equipment is used for staff safety and for infection control. There is a maintenance program to ensure the working environment and all equipment is safe. The home monitors the working environment and the work health and safety of staff through regular audits and inspections, risk and hazard assessments, incident and accident reporting and daily observations by the management and staff. The staff show they have a knowledge and understanding of safe work practices and were observed carrying them out.

#### **4.6 Fire, security and other emergencies**

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

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

The home meets this expected outcome

There is a system to provide an environment and safe systems of work that minimise fire, security and emergency risks. Trained fire safety officers oversee fire safety at the home and all staff take part in mandatory training in fire awareness and evacuation procedures. The home is fitted with appropriate firefighting equipment and warning systems and inspection of the external contractor records and equipment tagging confirms the firefighting equipment is

regularly maintained. The current annual fire safety statement is on display and emergency flipcharts and evacuation plans are located throughout the home. There is an emergency and disaster plan for the site and evacuation and emergency kits with resources for use in such situations. Security at the home is maintained with a surveillance system and lock-up procedure at night. The systems to minimise fire, security and emergency risks are monitored through internal audits, external inspections and at staff and management meetings. Staff indicate they know what to do in the event of an emergency and care recipients say they feel safe in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection prevention and control program. Staff demonstrated awareness of standard precautions and the availability of personal protective equipment and colour coded equipment was observed in all areas. Infection control training and hand washing assessments are completed at orientation and conducted annually, and staff have access to guidelines and procedures. Staff practices are monitored and infection surveillance data is collected and analysed monthly. A food safety program, cleaning schedules and laundry practices follow infection control guidelines. External providers are used for pest control and waste management services. Outbreak management resources are available and hand wash basins, hand sanitising gels, sharps' containers and spill kits are accessible. An influenza vaccination program is available for care recipients and staff are encouraged to be vaccinated.

#### **4.8 Catering, cleaning and laundry services**

*This expected outcome requires that "hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment".*

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

The home meets this expected outcome

The hospitality services provided are meeting the needs of care recipients and are enhancing their quality of life. There is a rotating seasonal menu that provides choice and variety. The menu has been assessed by a dietician and caters for special diets and for the individual needs and preferences of care recipients. The staff are responsive to suggestions regarding the meals and to the changing dietary needs of care recipients. The cleaning is carried out according to a schedule with daily cleaning of care recipients' rooms and regular detail cleaning. We observed the home to be clean and care recipients/representatives state they are very satisfied with the results. Personal clothing and linen is laundered and delivered to the home three days a week. The hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home. Care recipients/representatives say they are satisfied with the hospitality services provided.