



Australian Government

Australian Aged Care Quality Agency

Calare Residential Aged Care Facility

RACS ID 2591
124 March Street
ORANGE NSW 2800

Approved provider: Allity 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 08 July 2018.

We made our decision on 14 May 2015.

The audit was conducted on 08 April 2015 to 09 April 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Calare Residential Aged Care Facility 2591

Approved provider: Allity Pty Ltd

Introduction

This is the report of a re-accreditation audit from 08 April 2015 to 09 April 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 08 April 2015 to 09 April 2015.

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

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

Assessment team

Team leader:	Judith Roach
Team member/s:	Martin Todorovitch

Approved provider details

Approved provider:	Allity Pty Ltd
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Details of home

Name of home:	Calare Residential Aged Care Facility
RACS ID:	2591

Total number of allocated places:	66
Number of care recipients during audit:	53
Number of care recipients receiving high care during audit:	53
Special needs catered for:	Dementia care - 21 beds

Street/PO Box:	124 March Street
City/Town:	ORANGE
State:	NSW
Postcode:	2800
Phone number:	02 6362 2311
Facsimile:	02 6361 2125
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Operations manager	1
General manager	1
Operations support manager	1
Operations support staff	1
Quality manager	1
Care coordinator	1
Registered nurses	6
Care staff including enrolled nurse	9
Administration assistant	1
Care recipients	10
Representatives	5
Activity coordinator	1
Physiotherapist	1
Physiotherapy aide	1
Catering staff	2
Laundry staff	1
Cleaning staff	2
Maintenance staff	1

Sampled documents

Category	Number
Care recipients' files including aged care client records, doctors' notes, progress notes, hospital discharge notes, pathology and radiology reports	6
Care plans - initial and extended including health and personal care and lifestyle	6
Doctors' authorised medication charts and staff medication signing records	19
Personnel files	10

Other documents reviewed

The team also reviewed:

- Accident and incident reports and clinical indicator reports including analysis and trending for aggressive episodes, falls, medication errors, pressure areas, skin tears, wounds
- Care recipients' clinical assessments and evaluations including advance care planning, behaviours, continence, mobility, nutrition and hydration including enteral, medications, mobility, pain, palliative care, oral and dental, sensory, skin, sleep, specialised nursing care including catheter care and wounds
- Care recipients' clinical observations, monitoring and treatment charts including anticoagulant therapy, behaviours, blood glucose levels (BGLs), enteral program, weights, wounds and photographic records
- Care recipients' lifestyle assessments and evaluations including choice and decision making, cultural and spiritual preferences, emotional support, independence, leisure and lifestyle activities, privacy and dignity
- Care staff's daily care records including care recipient bowel monitoring, personal hygiene, weekly and monthly weights
- Catering, nutritional requirements, care recipients' dietary information, menu - four week rotating, menu preference lists, delivery monitoring records, temperature monitoring records, audits and results, kitchen cleaning schedule, duty lists.
- Cleaning and laundry including room and task cleaning schedules, work procedures, protocols for infection control and daily procedures, training records
- Communication records including staff memorandum and handover sheets, notices and diaries, newsletters - care recipients, staff
- Communication records including communication books and diaries, newsletters, notices and memoranda.
- Consent forms including use of care recipients' information, risk assessment and authorisation for use of bed rails and restraint
- Continuous improvement records including audit schedule and staff allocated to complete audits, results of audits, register of quality improvements and continuous improvement plan
- Criminal record checks and reporting mechanisms
- Daily cleaning logs
- Education records including the home's orientation content and procedure, staff education reports with attendance records for mandatory education, staff records for internal and external courses completed and planned, 2015 training calendar.
- Fire safety records including Annual Fire Statement for 2015, fire training attendance records, equipment inspection and testing reports, fire panel inspection and maintenance records, emergency evacuation lists for fire and other emergencies.

- Food cooling logs
- Food sanitising logs
- Food Licence - NSW Food Safety Authority
- Human resource management documentation, including job descriptions and duty statements folder, staff and volunteer police certificate records on electronic register, staffing rosters, staff hand book
- Incoming goods logs
- Infection control records including infection and antibiotic usage graphs, vaccination records, staff competency observations.
- Information systems records including minutes of various meetings all with standard agenda items, memos, notice boards, maintenance, accidents and incidents, education and human resource management rostering systems.
- Inventory, equipment and external services records including approved supplier lists, service provider agreements, planned maintenance program and routine maintenance requests and implementation records.
- Mandatory reporting incident logs and consolidated register
- Manual handling/mobility profiles
- Medication management records including restricted drug registers, monitoring records for clinical refrigerator temperatures, medication audits
- Minutes of meetings - various
- Other health and related services referrals, reports, assessments, plans of care including behavioural specialities, dietician, physiotherapy, podiatry, specialist physicians and surgeons, speech pathology
- Policies and procedures – various
- Quarterly calibration logs
- Records of care conferences and/or discussions and meetings between care manager, registered nurses and/or doctors and care recipients and/or representatives
- Residential handbook, care recipients' information package, residential care admission checklist, care recipients' surveys, care recipients' agreements, privacy information for care recipients, care recipient bed list
- Washing machine temperature logs

Observations

The team observed the following:

- Care recipient lifestyle resources and equipment - various

- Care recipients and/or representatives interacting with staff, visitors and each other
- Care recipients participating in lifestyle and leisure activities
- “Charter of Residents’ Rights and Responsibilities” displayed
- Chemical storage, material safety data sheets
- Complaints information including internal and external mechanisms on display including culturally linguistic and diverse, suggestion box, brochures and formes including feedback and advocacy
- Daily handover between care manager, registered nurses, care staff
- Diet preferences and special requirements listed on noticeboard in kitchen, other records of nutritional information used by staff to check care recipients’ needs and preferences.
- Dining rooms during lunch services with staff assistance, morning and afternoon tea, including care recipient seating, staff serving/supervising
- Document storage and records management including care recipient and staff files
- Emergency procedures flip charts located throughout the home
- Equipment in use, supplies and storage areas containing adequate and appropriate equipment in good condition
- Evacuation egresses unobstructed, evacuation maps suitably located and oriented
- Firefighting equipment and evacuation pack
- Infection control resources including hand wash basins and sanitising gel, colour coded equipment, personal protective equipment, spill kits, sharps containers, outbreak box
- Information on noticeboards for care recipients, visitors and staff including care recipient activity calendar, menus on display, Quality Care Agency Re-accreditation notices, activity programs, education calendars and care recipient menus, work health and safety
- Laundry collection
- Living environment - internal and external, including care recipients’ rooms, communal living, dining and lounge areas and gardens, privacy screening in shared rooms
- Manual handling equipment, mobility equipment including mechanical lifter and walkers.
- Medication system and processes including administration, safe storage, re-ordering processes
- Mission, vision and values on display
- Nurse call system in operation including care recipient access
- Organisational chart
- Privacy screening in shared rooms.

- Registered nurses supervising and directing staff
- Secure document storage including care recipient and staff files
- Short group observation in dementia care
- Staff accessing information including care plans, progress notes
- Staff interacting with medical and other related health services personnel including medical officers, physiotherapist
- Staff work areas including care stations, clinical and other utility rooms, staff room, reception and offices, information in staff room, kitchen
- Visitor sign and out book, volunteer sign and out book, care recipients' sign in and out books and contractor register
- Waste management system including general, contaminated and recycled

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome.

The home has a quality management system that supports it to actively pursue continuous improvement. The system is driven by the organisation's quality framework and includes policies and work instructions, committees and meeting structures, audits and reviews, monitoring of key indicators, a variety of stakeholder feedback mechanisms, and risk management tools. Stakeholders are encouraged to make suggestions for improvement. Documentation reviewed, and interviews with staff, care recipients/representatives demonstrate that suggestions for improvement are considered and acted upon. Improvement activity is tracked through continuous improvement registers. Continuous improvement activity at the home is monitored by members of the quality team and by the leadership team at other regular meetings. Staff and care recipients/representatives were familiar with the mechanisms for suggesting improvements, and could identify improvements that have been made at the home in recent times.

Some recent improvements relevant to Accreditation Standard One are:

- The home has identified that complaints were only being captured following escalation to management. The home has implemented a complaints management education program for all staff to be able to raise and report concerns before escalation to management and to address any comments and/or concerns earlier and have all comments and concerns captured.
- The home has identified that following an incident, the incident report would be reviewed by management, however this review could be undertaken a number of days after the incident. The home has implemented a training program for registered nurses to be able to complete the incident investigation and ensure that any required actions are implemented earlier to avoid any delay in implementing the required actions.

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 ensure the identification and implementation of changes in legislation, regulatory requirements, professional standards and guidelines. Information is sourced through industry related newsletters, aged care and health industry organisations and from peak bodies. Other avenues include from State and Commonwealth Government departments, from statutory authorities and via the internet. Changes in legislation are disseminated to the home’s staff via memos, meetings and education sessions. Policies and procedures are reviewed and updated in line with new legislation. Audits, surveys, quality improvement activities, staff supervision and support ensure that work practices are consistent and compliant with legislative requirements. Interviews with staff demonstrate awareness of regulatory compliance.

Examples of the home’s regulatory compliance relating to Standard One include:

- Records of staff qualifications are reviewed annually to confirm compliance with legislation.
- Prospective employee’s criminal records are checked prior to employment and there is a process to review the currency of this status every three years. Contracted service personnel and volunteers are also required to complete criminal record checks.
- There is a system for the secure storage, archiving and destruction of personal information in accordance with the NSW Privacy and Personal Information Protection Act and regulations for care recipient’s records.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome.

The home has demonstrated that management and staff have appropriate knowledge and skills to perform their roles effectively. Education and staff development is coordinated by the organisation’s learning and development team. Educational needs and interests are identified through strategic planning, changes to regulatory requirements, observations made by management, training needs analyses, staff surveys, the performance appraisal system, and key indicator data. There is learning and development strategy, an annual education program and staff can apply to attend outside training. Staff are made aware of educational opportunities through notices, email and managers that can arrange training for staff requests. Education is delivered through an orientation program, formal training sessions with theory and practical components. Records are maintained to monitor attendance at staff training sessions. The organisation provides opportunities and support for staff to obtain and upgrade qualifications. The effectiveness of education is monitored through feedback forms, knowledge

based questionnaires and skills assessments. Staff stated that they have access to education and training relevant to their work and interests.

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.

The home has a system to assess and ensure that all care recipients, their representatives and other interested parties have access to internal and external complaints mechanisms. Information about how to lodge internal and external complaints is detailed in the care recipient handbook and agreement, is discussed as part of the admission procedure, and is prompted through notices and forms on display in the home. Management is accessible to care recipients/representatives in the home. Complaints are often dealt with at the time they are made. Care recipients/representatives may take the opportunity to raise concerns or make a complaint at meetings and family conferences. Complaints are investigated by the relevant department, action is taken, and feedback provided to the complainant. Interviews with the staff indicated that they are familiar with the home's procedure for dealing with complaints. Care recipients/representatives are aware of the home's process to make a complaint and have confidence that the organisation would respond to any concerns that they may raise.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome.

The mission, vision and values, and commitment to quality are well 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. The mission, vision and values are included in the orientation program to ensure staff are fully aware of their responsibility to uphold the rights of care recipients and the home's objectives and commitment to quality.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome.

The home has a system to assess and ensure there is enough appropriately skilled and qualified staff to meet the needs of the care recipients. There are policies and work instructions for staff recruitment, orientation, learning and development, and performance management. For information regarding staff education and monitoring of their skills and knowledge refer to expected outcome 1.3 Education and staff development. The organisation

has a multidisciplinary and person centred approach to the provision of aged care and this is reflected in its organisational structure. The staffing mix and levels are based on the care recipient mix and needs within the home. There are master rosters and vacant shifts are always filled including staff being replaced when on leave. Casual and part-time staff are utilised if required to fill vacant shifts. There is flexibility to adjust rosters if this will benefit care recipient care and well-being. Staff indicated they have enough time to complete their duties. Care recipients/representatives stated that staff are available to help care recipients when needed and are competent and caring.

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 systems to ensure that appropriate stocks of goods and equipment are available.

Stock levels are managed, maintained and ordered by staff in the home and all storage areas viewed showed that supplies are adequate. There is a stock rotation policy, and relevant items are stored appropriately in locked storage areas. Preferred suppliers are used and services are regularly monitored and evaluated. Processes are in place for the replacement of unsuitable goods. Preventative maintenance is conducted by the maintenance officer to a set schedule. Reactive maintenance requirements can be and are raised by staff via a maintenance book. All requests are prioritised and addressed as soon as possible by the maintenance officer who ensures these requests are completed in a timely manner. Staff interviewed indicated they have adequate levels of stock and equipment to perform their roles.

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 that effectively manage the creation, usage, storage and destruction of all records, both hardcopy and electronic. Interviews and documents showed the home effectively disseminates information from management to staff and care recipients/representatives relating to legislation, care recipient care, organisational information and other matters that are of interest to them. Information is made available on an initial and ongoing basis to care recipients/representatives about matters that affect them through care conferences, meetings, one-to-one communication and other correspondence including emails. Access to care recipients' clinical and personal care records, and an established system of staff handovers facilitate communication between staff about changes in care recipients care needs and preferences. There are also mechanisms for staff to communicate with general practitioners and other health and related services personnel.

Staff and care recipients/representatives interviewed said they are well informed on all matters that are relevant to them.

1.9 External services

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

Team's findings

The home meets this expected outcome.

The home has a system to assess and ensure that all externally sourced services are provided at a standard that meets the organisation's need and goals. There are registers in place with details of all external providers. Agreements have been entered into with major providers and checks are in place to ensure they have the necessary or relevant qualification, experience, clearances, licences and insurance. The agreements include information about the hours of emergency service, and they include review mechanisms. If a provider is to spend time on site on an ongoing basis they are provided with an orientation and a contractor's information pack. Under-performance issues are followed-up with a view to improving the quality of the service of product being received. Management and staff say they are satisfied with the performance of external service providers. Care recipients/ representatives are satisfied that they are able to access external services on site such as hair-dressing and believe the quality of work by external service providers is of a high standard.

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.

Information about the home's continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Some recent improvements relevant to Accreditation Standard Two are:

- The home has identified that numerous care recipients have had dental concerns and poor dental habits prior to entry to the home. The home has implemented a 'better oral care' program utilising the guidelines from the Australian Commonwealth Government. This has resulted with staff now assisting care recipients to improve their individual dental care.
- The home has identified that the registered nurses were using systems for medication management that were cumbersome and time consuming due to the mismatching of medication charts and the dosage administration system. The home has now implemented the appropriate charts that match the medication administration system. This has improved the registered nurses' time management and ease of using the system for the registered nurses.

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.

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance.

Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard Two are:

- The home maintains records of current professional registrations of all staff and visiting health specialists.
- The home’s storage and administration of medication is in accordance with the relevant legislation.
- Infection outbreaks are reported to the public health unit, NSW Health and appropriate guidelines followed to ensure quality care.

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.

Information about the home’s system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and staff attended relating to Accreditation Standard Two include:

- Continence management, falls prevention, oral hygiene, pain identification and management, medication administration, palliative care and dementia management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure care recipients receive appropriate clinical care. Clinical care is delivered by appropriately trained and skilled staff and is directed and supervised by registered nurses. A care management system underpins the initial and ongoing identification of care recipients’ health and personal care needs with results used to develop and review plans of care reflecting their individual needs and preferences. Care recipients’ clinical care outcomes are monitored through the clinical care quality system featuring internal audits of the home’s reporting processes including clinical indicators.

Results show care recipients’ needs are documented and reviewed and that clinical and care staff provide care consistent with documented care plans. Clinical and care staff practices are monitored for compliance with the home’s policies and procedures through processes including audits, feedback, observation and performance review. Care recipients/representatives expressed satisfaction with the level of consultation and the standard of clinical care provided to 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

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified staff. Care recipients’ specialised nursing care needs are directed and supervised by the registered nurses in consultation with relevant health professionals. Established treatment regimes address care recipients’ specialised nursing care needs including complex pain programs and a maintenance program for enteral nutrition needs. Registered nurses showed their knowledge of care recipients’ specialised nursing care needs including diabetes management with blood glucose monitoring and insulin therapy, anticoagulant therapy, management of infections, oxygen therapy, urinary catheters and complex wound care. Our observations and staff interviews confirmed plentiful supplies of equipment and resources are available to meet care recipients’ specialised nursing care needs. Relevant care recipients/representatives are satisfied with the standard of specialised nursing care provided to 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 systems to facilitate the referral of care recipients to appropriate health specialists in accordance with their needs and preferences. Other health and related services

available to care recipients include behaviour management specialists, dermatologist, dietitian, psychogeriatrician, physiotherapy, podiatry, speech pathology, wound care and referrals to specialist physicians and surgeons. Care recipients are referred as required by their doctors to trained and qualified audiology, dental and optometry services personnel.

Care recipients/representatives are well informed and said they are satisfied with the referrals made for care recipients to other health and related services personnel.

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 systems and processes to ensure care recipients’ medication is managed safely and correctly. We observed registered nurses using an accredited pre-packed medication system to administer prescribed medications to care recipients. Relevant staff interviewed explained practices and protocols they use to ensure care recipients receive their medications safely and correctly. Document review confirmed evaluation and review of care recipients’ prescribed medication is regularly undertaken by their doctors and an accredited pharmacist carries out additional auditing and review. The medication management system is monitored through the home’s regular auditing program and medication advisory committee. All medication incidents are documented and reported to management and the home is responsive in taking remedial action, as required. Care recipient/representatives are satisfied with the way staff manage care recipients’ medication needs.

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 acute and chronic pain on their entry to the home, regularly and as indicated. Assessment and review of individual care recipients’ pain is carried out by their doctors and a registered nurse in consultation with care recipients and/or their representatives. Staff described their role in identifying and reporting care recipients’ pain and demonstrated the use of an assessment tool they use for care recipients unable to verbalise their pain. Care recipients are provided with a holistic approach to pain relief including prescribed analgesia, and a physiotherapy pain management program including heat pack therapy and physical therapies such as gentle massage and exercise programs. Emotional support is provided by care and lifestyle staff and pastoral support can be arranged if desired. Care recipients/representatives are satisfied care recipients are as free as possible from pain and said staff respond in a timely manner to care recipients’ requests for pain relief.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure the comfort and dignity of terminally ill care recipients is maintained through a palliative care approach. Care recipients’ terminal care wishes may be documented on their entry to the home or later including the level of clinical intervention preferred. Liaison with doctors and palliative care specialists occurs through consultation with the registered nurses and care recipients/representatives as required. Staff described a range of interventions they would employ when caring for a terminally ill care recipient to ensure their pain would be managed and their comfort and dignity maintained. Non-medicinal care and resources that can be provided to care recipients include a program of gentle massage, aromatherapy, and emotional support provided by care and lifestyle staff. Pastoral care and support is arranged for the care recipient and their representative/s as desired.

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 provides care recipients with adequate nourishment and hydration. Care recipients’ initial and ongoing dietary requirements are assessed by registered nurses who advise the catering staff about identified needs and preferences. Assessments are undertaken to identify any oral or dental needs, swallowing difficulties, or the need for special diets and a dietitian and a speech pathologist are available as needed. All care recipients are regularly weighed and significant weight variations are followed up by their doctors.

Document review and interviews with care recipients show food satisfaction is monitored through surveys, during care recipient and representative meetings and through case conferences. Our observations and feedback from care recipients show they are encouraged to maintain hydration. Care recipients/representatives are satisfied with the quantity, quality and choice of care recipients’ meals.

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 is ensuring that care recipients’ skin integrity is consistent with their general health. The home recognises a close link between care recipients’ skin integrity and their nutrition and hydration, mobility status and clinical incidents occurring including falls and skin tears. Registered nurses initially and regularly assess, action, and evaluate care recipients’ skin care needs as required. Staff demonstrated their knowledge for identifying and reporting changes in

care recipients' skin integrity. Registered nurses regularly assess and evaluate wounds and provide all wound care in liaison with the care recipients' doctors. Our observations and staff interviews confirmed plentiful supplies of equipment and resources are available to meet care recipients' skin care needs. Care recipients are referred by their doctors to wound specialists for assessment and review of wounds and treatment regimes as required. Care recipients/representatives said they are satisfied with the skin care provided to care recipients.

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 a system and processes to ensure care recipients' continence is effectively managed. Registered nurses oversee the continence program and liaise with a continence advisor and care staff on issues associated with care recipients' continence needs. Where required, individual toileting programs are scheduled for care recipients to assist in managing their needs and preferences. Staff said plentiful continence care supplies are available. Care recipients are monitored for the presence of urinary tract infections which may impact their level of continence and preventive strategies implemented as needed. Bowel management programs used include daily monitoring, appropriate diets and provision of aperients and other interventions as required. Care recipients/representatives are satisfied care recipients' continence care is effectively managed.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The home has a system and processes to ensure the needs of care recipients with challenging behaviours can be managed effectively. Results of relevant care recipients' initial assessments are used to develop and evaluate behavioural management care plans which are reviewed and updated as required. Behaviour incidents are recorded, addressed and reviewed in a timely manner. Contributing medical causes are identified, treated and in general, factors known to intensify challenging behaviours are managed, regularly reviewed and followed up by appropriate health professionals as needed. Review of a care recipient's need for review by a specialist mental health professional/s occurs in consultation with their representative through referral by their doctor or registered nurses, as appropriate. Care recipients/representatives expressed their satisfaction for the way in which care staff meet the needs of care recipients living with challenging behaviours. Care recipients/representatives said they are satisfied care recipients' lives are not impacted by other care recipients living at the home.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has a mobility, dexterity and rehabilitation program tailored to individual care recipients’ needs and preferences which is determined through a program of initial and ongoing assessment, review and evaluation. Liaison occurs between the physiotherapist, physiotherapy aide, the care recipient and/or their representative, their doctor and registered nurses. Staff interviews show the use of mobility aids and individual falls minimisation strategies are consistent with the care recipients’ identified needs as documented in their physiotherapy management plans. Mobility incidents including falls are responded to, reported on, and followed up in a timely manner. Feedback is provided to doctors, care staff, care recipients and to representatives by the physiotherapist and registered nurses. The home has a falls minimisation program and a regular exercise program featuring pain management conducted by the physiotherapy aide and overseen by the physiotherapist in liaison with care recipients’ doctors. Care recipients/representatives expressed their satisfaction that care recipients are achieving and maintaining levels of mobility, dexterity and rehabilitation suited to their individual capabilities.

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

Care recipients’ oral and dental health is maintained. The home’s approach to the maintenance of care recipients’ oral and dental health includes initial and ongoing assessment and review of their oral and dental care needs. Assessments are carried out by clinical staff and referrals to dentists or dental specialists are arranged by doctors according to the care recipients’ individual needs and preferences. Staff said and interviews with care recipients show that care recipients have their daily oral care needs encouraged, supervised and/or attended by care staff. Care recipients/representatives said care recipients have access to a dentist of their choice in the local area or through home visits, and are assisted to make and attend appointments as required.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure that care recipients’ sensory losses are identified and effectively managed. The identification of sensory impairment is included in clinical and lifestyle assessments covering communication, sight and hearing, and the senses of touch, smell and taste. Incorporated clinical and lifestyle features that focus on sensory stimulation include gentle exercise programs, massage and various craft activities. Plans of care that

incorporate the care recipients' sensory needs are initially developed and regularly reviewed. Medical and other health personnel are involved as required. Interviews with staff and care recipients demonstrate that staff assist care recipients with cleaning and fitting their communication aids. Care recipients/representatives are satisfied care recipients' sensory losses are identified and effectively managed.

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 are encouraged to achieve natural sleeping patterns. The home has a system of initial and ongoing identification and review of night care requirements that encourage natural sleeping patterns for care recipients. Sleep strategies implemented include flexible retiring times, offering a warm drink, gentle massage, one-to-one time, night sedation and/or pain relief medication if prescribed by a doctor. Care recipients said they generally sleep well at night and that staff help them if they experience difficulty in 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

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Some recent improvements relevant to Accreditation Standard Three are:

- The home has implemented an arts program into the care recipient activity program. This has resulted in providing care recipients with opportunities to stimulate their cognitive skills and interests. A specific program has also been implemented for care recipients that live in the dementia specific area of the home.
- The home has implemented a sensory stimulation program for care recipients with dementia and frail care recipients with restricted mobility who are unable to move freely within the home. The program uses a number of sensory stimulating products that assist in improving the sensory stimulation for the care recipients.

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.

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance.

Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard Three are:

- All care recipients are offered a care recipient agreement which incorporates the provision of specified care and services.
- The documents displayed and stored on site to inform of relevant legislation and regulatory compliance include “The Charter of Residents’ Rights and Responsibilities” and the care recipient handbook.
- The home has a system for the mandatory reporting and recording of alleged or suspected care recipient assault in accordance with regulatory requirements.

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.

Information about the home's system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and staff attended relating to Accreditation Standard Three include:

- Elder abuse, recreational and lifestyle training.

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 provides initial and ongoing support to each care recipient in adjusting to their new life in the home. An initial assessment process identifies their need for emotional support with results used to develop a personalised plan of care that is regularly reviewed, evaluated and updated. Care recipients' emotional needs are assessed on an individual basis with consideration for their background, family dynamics, physical and mental health. Other support services available include new care recipients being introduced to and welcomed by other care recipients, newsletters, care recipient/representative meetings, a volunteer visiting program, and as desired, visits from pastoral and religious clergy. We observed staff providing support to care recipients in participating in life at the home whilst respecting their right to refuse. Care recipients/representatives are satisfied with the emotional support offered when a care recipient first enters the home and said the support is ongoing.

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

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. A range of initial and ongoing assessments identify the care recipient's needs and preferences for independence. Results including the need for assistive devices are integrated into a regularly evaluated care plan to assist them in achieving and maintaining their independence. The home encourages the involvement of family and friends and a community visitors' program is available to care recipients as desired. Staff discussion and access to the home's newsletters, activity schedule and to local newspapers assist care recipients with knowing about their community within and outside of their home. Care recipients/representatives confirmed care recipients are

encouraged and assisted by staff to access and participate in a wide variety of community activities inside and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Confidential and private information is obtained with the prior consent of the care recipients and/or their representatives and is securely stored. Staff said they sign a confidentiality agreement on commencing at the home. Staff confirmed they receive ongoing training and monitoring on supporting each care recipient's privacy, dignity and confidentiality including secure use and storage of their information. Our observations of staff attending care recipients in a respectful and courteous manner show their awareness of each care recipients' right to privacy, dignity and confidentiality. We observed and care recipients/representatives said care recipients live their lives at the home with privacy and dignity.

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

A series of recreational and leisure interest assessments are conducted on a care recipient's initial entry to the home. The results are used to develop and regularly review an individualised plan supporting a personalised approach for encouraging care recipients' participation in a range of preferred interests and activities. A care recipient's level of participation and their feedback assist staff in the ongoing development and review of the person-centred plan including group and one-on-one activities. Group activities offered include bus outings, craft, the men's shed, quizzes, table and floor games, and gentle exercise programs. Other group activities enjoyed by care recipients include birthday celebrations, bingo, café, happy hour, "midday melodies" and music sessions provided by the local conservatorium of music. One-on-one activities enjoyed by care recipients include daily "meet and greet" conversations with lifestyle staff, pet therapy and gentle massage.

Care recipients/representatives said care recipients participate in a wide range of activities of interest to them and confirmed their right to refuse 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

Preferences and requirements for care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are identified, valued and fostered. An initial cultural and spiritual assessment including information provided by the care recipient and/or their family is used to develop and regularly review a personalised plan of care. Cultural and spiritual needs are also considered when planning clinical care and end of life wishes. The home uses comprehensive information and communication aids that assist staff in identifying, supporting and meeting the needs and preferences of care recipients from culturally and linguistically diverse backgrounds. We observed and care recipients/representatives confirmed care recipients are encouraged to use photographs and other visual displays of their cultural and spiritual heritage. Cultural, international, national and other celebratory days are observed at the home including Christmas day, ANZAC day, Easter, Saint Patrick's day, Mother's day and Father's day. Care recipients/representatives confirmed care recipients can choose to attend on-site services as desired. Care recipients/representatives are satisfied with the range of individual interests, and cultural and spiritual support available and provided to care recipients.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Each care recipient (or his or her representative) participates in decisions about the care and services a care recipient receives on their entry to the home. Care recipients and/or their representatives decide on a range of care and services available including choice of meals and participation in leisure interests and activities. Information packages and the offer of a residency agreement ensure each care recipient (or his or her representative) are aware of choices available to care recipients. We observed information regarding care recipients' rights, complaints mechanisms and advocacy services displayed around the home and documented in entry packages, information handbooks and the residency agreement. Care recipients are aware of the need to not infringe on the rights of other care recipients. Care recipients/representatives expressed satisfaction with the encouragement and support provided in making choices and decisions about the care and services received by care recipients.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Information on security of tenure and care recipients' rights and responsibilities is provided and discussed with prospective care recipients and their representatives prior to and on entering the home. The care recipient's agreement accompanied by an information handbook outline care and services, care recipients' rights and feedback mechanisms. Any changes in room and/or location within the home are carried out in consultation with care recipients and/or their representatives.

Ongoing communication with care recipients/representatives is through meetings and correspondence. Care recipients/representatives said care recipients feel secure in their residency at the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome.

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Some recent improvements relevant to Accreditation Standard Four are:

- The home has sourced the services of a different Infection control provider that has improved the resources and systems available for staff management of infection control. The new system has a clearer and more user friendly, aged care specific manual. Flip charts for infection control are now also available for each specific area of service e.g. care, catering, cleaning.
- The home has implemented an improved Work, Health and Safety system for WH&S management within the home. The improved system is based on a “Ten Pillar” approach as follows:

WH&S planning and review, Employee consultation, Hazard reporting, Incident management, Manual handling, Emergency preparedness, Work place inspections, Preventative maintenance, Contractor management, Injury management.

The improved system provides clear directions and guidance for staff use.

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.

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard Four are:

- The home has a system to assess and ensure consultation with staff in relation to current Work health and safety regulations.
- The home has a current Fire Safety Statement to ensure compliance to regulatory requirements.
- The home has a current Food Safety License issued by the NSW Food Safety Authority and achieved an “A” rating.

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.

Information about the home’s system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and staff attended relating to Accreditation Standard Four include:

- Fire Safety Officer training, fire safety and evacuation, food safety, infection control, manual handling, work health and safety, and 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 has systems to assess and ensure management is actively working to provide a safe and comfortable environment consistent with care recipient care needs. The home was observed to be well-lit, clean, odour free, and presenting with a calm environment. There are many common areas in the home for the use of care recipient and their visitors and these were observed to be furnished in varying styles and all presenting as attractive and appropriate to the need of care recipients. External verandas, courtyards and gardens were observed to be

accessible to care recipients and attractive and well maintained. Care recipients reported that they are comfortable in their rooms and that they may have personal items including some furniture where this can be safely accommodated. A program of planned and corrective maintenance is in place as is a hazard reporting system, and it was noted that maintenance requests and reported hazards were addressed in a timely and appropriate manner to preserve a safe environment. Regular audits are conducted including room and cleaning audits, and care recipients surveys give opportunity to care recipients/ representatives to comment on the home's environment. Care recipients/representatives interviewed expressed their satisfaction with the home's 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.

The home demonstrated that they actively work to provide a safe working environment that meets regulatory requirements. The home's work health and safety system uses a risk management approach to identify hazards in the working environment and manage issues identified through environment audits, incident and hazard reporting systems, repair and maintenance logs and staff discussion at meetings. Documentation reviewed showed that there is a well-developed preventative and corrective maintenance program that includes the carrying out of regular work place inspections, risk assessment of both major maintenance requirements and of new equipment prior to purchase. The work health and safety (WH&S) committee meets regularly to review safety systems in the home and all committee members have received requisite training. Staff receive orientation and training in work health and safety and confirmed they receive regular training in manual handling, and that their skills are assessed annually. The home has an effective workplace injury and return to work program. The team observed staff using various safety equipment such as transferring aids and personal protective equipment. The home showed evidence that management monitor the safety of the environment and take preventative and/or corrective action where risks or hazards are identified.

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.

Interviews with staff, review of documentation and observations in the home confirm that management and staff are actively working to provide an environment with safe systems of work that minimises fire, security and emergency risks. The home has a risk management program together with a hazard reporting system, and actions are taken to address identified concerns. Systems assess and ensure that policies and procedure, mandatory fire and evacuation training for all staff, emergency equipment and lighting, and emergency flip charts are checked and serviced regularly. An external provider checks fire systems and equipment to a regular schedule and this was confirmed with twice yearly date marked tags on all equipment sighted. Monitoring of systems includes completion of audits to ensure standards are maintained. Records of staff training in fire safety and evacuation were sighted and staff

interviewed stated they received training in fire safety. The home has on site security via closed circuit television and out of hours and lock up procedure in place both for the home and grounds to ensure the safety of staff and care recipients. The home meets the prescribed building certification requirements, holds a current annual fire safety statement, and both these documents were sighted.

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 control program to assess and ensure the safety of both care recipients and staff. The program includes audits, surveillance and reporting processes, ongoing staff education, outbreak management, cleaning programs, maintenance and food safety programs. Personal protective equipment was observed to be in place in appropriate areas being used by staff, including kitchen, laundry and cleaning staff. There are facilities throughout the home for hand washing and/or cleansing. Hand sanitisers are also located throughout the home. Responsibilities and accountabilities have been identified for all staff. Care recipient infections are "mapped" which allows for tracking if an outbreak occurs, and reported and included in the organisational benchmarking indicators. The home has vaccination programs for both care recipients and staff and these are monitored. Waste disposal practices are evidenced within the home to be appropriate. The industrial washing machine in the laundry is able to be programmed to wash contaminated linen.

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.

Through review of documentation, interviews with staff, care recipients/representatives and observations made throughout the home, the assessment team was able to confirm that the home demonstrated that hospitality services are provided in a way that enhances care recipients quality of life and the staff's working environment.

Catering

The home prepares all meals on site according to rotating seasonal menus which have been developed in consultation with care recipients and a dietician. Catering staff have implemented hazard analysis critical control point (HACCP) principles in the kitchen and the home currently has an 'A' rating with the NSW Food safety Authority. Catering staff are advised of the specific dietary requirements of care recipients and there is a system to regularly update this information. Food storage, refrigeration and preparation areas are well organised with foods correctly stored, labelled and dated. Food delivery, storage, cooking and cooked, temperatures are monitored and recorded. There are systems to order, quality check, store and identify food in accordance with the home's policies.

Cleaning

Care recipients interviewed expressed satisfaction with the cleaning services provided at the home. The team observed the home to be clean and free of odour. All cleaning is done according to cleaning schedules and protocols and all cleaning equipment is appropriately stored in designated and secure cleaning storerooms. Staff were observed using cleaning equipment according to infection control principles.

Laundry

All laundry is done on site. There is designated 'dirty' to 'clean' flow of linen and clothing in the laundry in line with infection control principles and Laundry Standard 4146. There is a system to return personal clothing to care recipients. Laundry equipment is regularly serviced by external contractors. Laundry staff interviewed were cognisant of laundry processes and machinery use.