Cardinal Stepinac Village

RACS ID 0370
24-32 Runcorn Street
ST JOHNS PARK NSW 2176

Approved provider: Australian-Croatian Cardinal Stepinac Association Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 27 July 2018.

We made our decision on 04 June 2015.

The audit was conducted on 05 May 2015 to 07 May 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.

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

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

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

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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>4.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>4.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>4.4 Living environment</td>
<td>Met</td>
</tr>
<tr>
<td>4.5 Occupational health and safety</td>
<td>Met</td>
</tr>
<tr>
<td>4.6 Fire, security and other emergencies</td>
<td>Met</td>
</tr>
<tr>
<td>4.7 Infection control</td>
<td>Met</td>
</tr>
<tr>
<td>4.8 Catering, cleaning and laundry services</td>
<td>Met</td>
</tr>
</tbody>
</table>
Audit Report

Cardinal Stepinac Village 0370

Approved provider: Australian-Croatian Cardinal Stepinac Association Limited

Introduction

This is the report of a re-accreditation audit from 05 May 2015 to 07 May 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 05 May 2015 to 07 May 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

<table>
<thead>
<tr>
<th>Team leader:</th>
<th>Maria Toman</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member/s:</td>
<td>Sean Mack</td>
</tr>
</tbody>
</table>

Approved provider details

<table>
<thead>
<tr>
<th>Approved provider:</th>
<th>Australian-Croatian Cardinal Stepinac Association Limited</th>
</tr>
</thead>
</table>

Details of home

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>Cardinal Stepinac Village</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>0370</td>
</tr>
<tr>
<td>Total number of allocated places:</td>
<td>144</td>
</tr>
<tr>
<td>Number of care recipients during audit:</td>
<td>141</td>
</tr>
<tr>
<td>Number of care recipients receiving high care during audit:</td>
<td>132</td>
</tr>
<tr>
<td>Special needs catered for:</td>
<td>n/a</td>
</tr>
<tr>
<td>Street/PO Box:</td>
<td>24-32 Runcorn Street</td>
</tr>
<tr>
<td>City/Town:</td>
<td>ST JOHNS PARK</td>
</tr>
<tr>
<td>State:</td>
<td>NSW</td>
</tr>
<tr>
<td>Postcode:</td>
<td>2176</td>
</tr>
<tr>
<td>Phone number:</td>
<td>02 9823 3855</td>
</tr>
<tr>
<td>Facsimile:</td>
<td>02 9610 6690</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:admin@csvcare.com">admin@csvcare.com</a></td>
</tr>
</tbody>
</table>
Audit trail

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

Interviews

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief executive officer</td>
<td>1</td>
</tr>
<tr>
<td>Director of nursing</td>
<td>1</td>
</tr>
<tr>
<td>Deputy care manager</td>
<td>1</td>
</tr>
<tr>
<td>Nursing unit managers</td>
<td>2</td>
</tr>
<tr>
<td>Education coordinators</td>
<td>2</td>
</tr>
<tr>
<td>Registered nurses including vaccination certified nurse</td>
<td>3</td>
</tr>
<tr>
<td>Care staff including team leaders</td>
<td>8</td>
</tr>
<tr>
<td>Physiotherapist and physiotherapy aide staff</td>
<td>4</td>
</tr>
<tr>
<td>Lifestyle staff</td>
<td>2</td>
</tr>
<tr>
<td>Sisters of the religious order</td>
<td>2</td>
</tr>
<tr>
<td>Residents/representatives</td>
<td>17</td>
</tr>
<tr>
<td>Quality and improvement manager/work health and safety (WHS) coordinator</td>
<td>1</td>
</tr>
<tr>
<td>Financial services officer and accounts officer</td>
<td>2</td>
</tr>
<tr>
<td>Infection control coordinator</td>
<td>1</td>
</tr>
<tr>
<td>Catering supervisor, assistant catering supervisor and catering staff</td>
<td>4</td>
</tr>
<tr>
<td>Contract cleaning representatives and cleaning staff</td>
<td>3</td>
</tr>
<tr>
<td>Laundry and cleaning supervisor and laundry staff</td>
<td>4</td>
</tr>
<tr>
<td>Maintenance supervisor</td>
<td>1</td>
</tr>
<tr>
<td>Hospitality services manager</td>
<td>1</td>
</tr>
<tr>
<td>Administration officers</td>
<td>3</td>
</tr>
</tbody>
</table>
Sampled documents

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents' files including: care plans, summary care plans, medical notes and progress notes</td>
<td>10</td>
</tr>
<tr>
<td>Signed resident agreements</td>
<td>3</td>
</tr>
<tr>
<td>Medication charts</td>
<td>32</td>
</tr>
<tr>
<td>Personnel files</td>
<td>6</td>
</tr>
</tbody>
</table>

Other documents reviewed

The team also reviewed:

- Accident and incident reports
- Allied health, medical specialists, x-ray and pathology referrals and reports
- Annual quality schedule and reporting including audits, surveys, incident reporting, data monitoring, clinical indicators
- Behaviour management tools, behaviour monitoring tools, specialist communications for behaviour management
- Care assessment tools, including initial database assessment, sleep, continence, skin, oral and dental, mobility, falls risk, risk assessment, sensory loss, specialised nursing, wound care, nutrition and hydration and others
- Care communication books, medical communication books, physiotherapy communication books, newsletters, memoranda
- Care evaluation schedules
- Care monitoring tools, including daily work lists, change of dietary preferences, weight monitoring, bowel charts, and case conference tools
- Cleaning schedules and rosters
- Compliance tracking including police check register, staff registrations
- Computer based information systems
- Confidentiality agreements
- Continuous improvement plan, strategic plan
- Education calendar, training records, attendance records, competency assessments
- Equipment lists, preventative maintenance schedule and maintenance logs
- External service providers service schedules, contracts and service agreements
Feedback system including compliments, complaints, comments and other documentation

Fire and emergency documentation including annual fire safety statement, emergency flip charts, evacuation plans, fire equipment audits, testing records, sign in and out registers, and disaster management plan

Infection data collection tools, infection audits, infection data collations and review of data, vaccinations records for residents and staff

Lifestyle history assessments, social profiles, cultural and spiritual assessments, lifestyle activity plans, lifestyle activity attendance records, lifestyle activity evaluations, lifestyle notices regarding activities

Medication ordering tools, schedule eight and schedule four-D drug registers

Meeting calendar and minutes including residents/relatives, WHS, maintenance, clinical care and other staff meetings

Menu, diet analysis records including special diets and food preferences, NSW Food Authority licence and annual audit report, food and equipment temperature records

Newsletters and other publications

Notices advising residents, representatives and visitors of the re-accreditation audit

Pain assessments, pain monitoring tools, physiotherapy treatment plans, physiotherapy pain management programs

Policies, procedures, guidelines, flowcharts and forms

Recruitment policies and procedures, staff handbook, staff orientation program, job descriptions, duty statements, staff rosters, performance management documentation, privacy and confidentiality statements, police check documentation, staff registrations

Reportable incidents register

Resident and visitor sign in/out books

Residents’ information package, handbook and agreements, consent forms

Self-assessment report for re-accreditation

Specialised nursing tools, including wound management, catheter care, diabetic management protocols, palliative care, advanced care directives and others

Observations

The team observed the following:

- Activities in progress
- Charter of residents’ rights and responsibilities on display
- Chemical store, chemical register, material safety data sheets
- Complaints documentation, advocacy service brochures, information pamphlets, and charter of resident’s rights and responsibilities on display
- Dining environment during midday meal service including staff supervision and assistance
- Electronic and hardcopy record keeping systems – clinical and administration
- Equipment and supply storage areas, clinical stores and continence aids, manual handling equipment
- Fire safety systems and equipment, security systems, emergency procedures, disaster (evacuation) kit and related resources
- Garbage and clinical waste disposal facilities
- Infection control items, including hand wash stations, hand sanitiser dispensers around the home, contaminated waste bin, colour coded cleaning equipment, sharps containers, personal protective equipment, outbreak kits, spills kits
- Interactions between staff and residents, activities in progress, meal service, medication administration, staff answering call bells in a timely manner
- Living environment – internal and external
- Mission and philosophy of care statements on display
- Noticeboards and posters, notices, brochures and forms displayed for residents, representatives and staff
- Pressure relieving devices in use in living areas and in residents’ rooms
- Quality Agency re-accreditation notices on display
- Secure storage of medications and resident information
- Short group observations in dining areas
- Staff access to information systems including computers
- Staff room and staff work areas
- Staff work practices and work areas including catering, cleaning, laundry and maintenance
- Staff work practices, handover between staff at the change of shift
- Storage of medications
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 implemented a systematic approach for actively pursuing continuous improvement. There is an overall quality structure which provides direction, support and coordination of quality improvement activities. Various meetings provide a mechanism for input and feedback by the range of stakeholders. Examples of other quality activities include routine audits, surveys, external reviews, hazard reporting, accident and incident reporting, data collection and other monitoring systems.

Examples of specific improvements relating to Standard 1 Management systems, staffing and organisational development include the following:

- Following an audit of education processes, the home noted that external training providers were not always providing evidence of their relevant qualifications. The system has now been changed to ensure that when external training providers are booked to conduct in-house education, they are requested to provide proof of their qualifications. This is seen as a means of assuring quality education in the home.

- In response to changes to government better practice guidelines, the home has reviewed and updated its policy and practices regarding complaint handling. The new system implemented is designed to more systematically capture, document and resolve complaints.

- Following the home’s maintenance staff observing that some external service providers were not adequately recording their service visits, the home reviewed and improved its documentation system for such visits. New repair books were prepared and placed in the various locations closer to where the service visits usually took place. The home reports that the improvements have resulted in more accurate information collection regarding external servicing and/or repairing of equipment.
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’s management has systems in operation to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home monitors any changes in the regulatory environment through updates from government and industry bodies, industry conferences, internet access and various other mechanisms.

Staff are advised of regulatory requirements and any relevant changes to them through various means including memos, updates to policies, meetings and education. Compliance with regulatory requirements and other standards is monitored through a comprehensive audit program as well as day-to-day supervisory arrangements. We sighted relevant legislation and/or legal documentation displayed in various locations in the home.

Examples of regulatory compliance related to Standard 1 Management systems, staffing and organisational development include residents and other stakeholders having access to complaints mechanisms and application of privacy legislation. Further examples include police certificate checks being undertaken for staff, volunteers and contractors; and monitoring of registrations of relevant nursing staff.

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

It was evident from our observations, document review and interviews that management and staff have appropriate knowledge and skills to perform their roles effectively. The home has an education program which is based on educational needs identified through a wide range of mechanisms. These include feedback from various meetings, quality improvement systems and performance reviews. The education program is comprehensive and covers a range of functional areas encompassing all four Accreditation Standards, including Standard 1 Management systems, staffing and organisational development. Staff also have access to relevant external educational opportunities and where appropriate are supported to obtain formal qualifications.

We noted staff education relevant to Standard 1 covered Cardinal Stepinac Village’s mission and philosophy of care, bullying and harassment, the aged care funding instrument (ACFI) and updates on aged care reforms. In addition, the home’s orientation program incorporates a range of topics relating to management systems, staffing and organisational development. (See expected outcome 1.6 Human resource management for other mechanisms designed to ensure appropriate staff performance).
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 policies, procedures and processes to ensure each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms. Residents/representatives and staff are made aware of internal and external complaints mechanisms through the residents' handbook, newsletters, feedback forms and residents’ meetings. There is a procedure to ensure any complaints raised are recorded for review, action, follow up and feedback as appropriate. Residents/representatives advised they feel comfortable approaching management about any concerns or suggestions they may have.

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

Cardinal Stepinac Village has documented its overall vision, values, philosophy, objectives and commitment to quality. These are encapsulated in its mission and philosophy of care statements that have been documented and communicated to all stakeholders in the home. These statements are published in key documentation including resident and staff handbooks. They are also on display in the home's common areas. In addition, staff are made aware of these statements through the home’s staff recruitment, orientation and education processes, staff meetings and other communication.

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 in operation a system of human resource policies and procedures. This system ensures appropriate staffing and skills levels for quality service provision, in accordance with the Accreditation Standards and the home’s philosophy and objectives. The system includes appropriate recruitment and selection processes, induction; education and performance management. There are also processes to ensure that staffing levels are sufficient to cater for the mix of residents, their changing needs and the demands of the home’s daily routine. We noted that many care and other staff have obtained qualifications and/or attended specific education relevant to their job roles.
1.7 Inventory and equipment

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

Team’s findings

The home meets this expected outcome

There are policies and procedures for ensuring there are adequate supplies of inventory and equipment available for quality service delivery. The home has an overall purchasing system of preferred suppliers designed to ensure desired standards are met. A stock control and ordering system is in operation, with particular staff roles having specific responsibility for particular areas of inventory monitoring and ordering. The home also has clear procedures for purchasing necessary equipment for use in various functional areas and in response to residents’ needs. We observed storerooms, staff areas, clinical areas, the kitchen, laundry and other work areas to be well equipped, well stocked and well maintained. Staff advised there were adequate supplies of inventory and equipment for them to perform their job roles effectively. A routine and preventive maintenance program is in operation which, among other things, ensures equipment is maintained and ready for use.

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

Our observations, document review and interviews indicated effective information management systems are in operation and support the range of functional areas in the home. The resident information system includes administration forms, residents' handbook, resident agreements, residents’ meetings, newsletters, resident assessments, care plans and clinical records. Staff communication systems are in operation to ensure relevant information provision to, and between, staff. These systems include a range of meetings, access to computers, distribution of hardcopy materials, staff noticeboards and induction and training. We observed resident and staff records are kept in secured areas to help ensure appropriate security and confidentiality of information. It is clear residents and staff receive information appropriate to their needs.

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 ensure externally sourced services are provided in a way that meets the home’s needs and service quality goals. A range of contractors and external service providers operate within contracts/formalised agreements covering resident and care related services, fire systems and various building maintenance and services. Service agreements encompass the home’s requirements/expectations for quality service provision, relevant insurances and police checks (where appropriate). The management and staff of the home monitor the performance of external service providers and take appropriate action in order to
ensure that services are provided at the desired level of quality. The home also relies on feedback from residents/representatives to assess the quality of service providers such as podiatry, hairdressing and other similar resident-related services. It was reported there are good working relationships with the range of external service providers and services are being provided at desired levels.
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

The home’s well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Standard 2.

Examples of specific improvements relating to Standard 2 Health and personal care include the following:

- With the increased use of schedule eight medications (S8 drugs of addiction) in one section of the home, it was recommended by staff that a room used for another purpose be converted to a medication room where medications can be stored safely and adequately. Acting on the staff’s recommendation, the home renovated the room including installing cupboards and a drug safe, to ensure the safe storage of S8 drugs.

- As a result of a commissioned medication audit conducted by an external specialist provider, the home made various changes to the medication system to ensure safe and correct management of medications. The home reports that once the changes had been made, it conducted a further review and found that practices had improved considerably. These included improvements in storage and packaging of medications, and increased staff awareness of correct procedures.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards including Standard 2 Health and personal care.

As examples of regulatory requirements related to Standard 2, we noted appropriate arrangements are in operation to ensure the required administration of medications, and relevant registrations of nursing and other professional staff are monitored. In addition, there are policies and procedures to ensure the Department of Social Services is notified when residents are reported missing without explanation.
2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Standard 2.

We noted the education program includes an extensive range of subjects specific to residents’ health and personal care and is reinforced by competency assessments in related areas. Examples of recent relevant topics covered include continence management, wound care, medication management, pain management, palliative care; dementia care and behaviour management. In addition, care staff have or are obtaining relevant certificate level qualifications.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Cardinal Stepinac Village has systems and policies to ensure residents receive clinical care appropriate to their needs. The initial assessment information forms the basis of the care needs of the residents. Care plans are developed and reviewed by registered nurses. The home has registered nurses on duty 24 hours every day. Regular ongoing monitoring of the residents’ changing clinical needs is documented into the care plan by registered nurses as needed. Case conferences are conducted involving the family and the resident. Staff interviews demonstrate they are knowledgeable about the care requirements of individual residents and procedures related to clinical care. Residents/representatives provided very positive feedback about satisfaction with the clinical care.

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 effective systems to ensure the specialised nursing care needs of residents are identified and met by appropriately qualified staff. The specialised nursing care needs of residents are regularly assessed and documented by registered nurses. Staff have access to resources and education from supply providers. Registered nurses and other attend external education on relevant specialised nursing topics. Specialist medical and allied health professionals are accessed to review residents’ individual needs as required. Review of clinical records shows that residents receive attention for: catheter care, diabetic management and others. Interviews confirm residents/representatives are satisfied with the assessment and management of specialised nursing care needs of residents.
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 an effective system to refer residents to a range of health services including their choice of doctor, allied health services and other relevant clinical specialist providers to meet the residents’ needs and preferences. Review of care documents show residents are referred to allied and other health professionals of their choice when necessary. Review of clinical records show that residents have accessed specialists’ services including: audiology, optometry, podiatry, dental, psycho-geriatrician, mental health, dieticians, speech pathology and others. Residents/representatives are satisfied that referrals to appropriate health specialists are in accordance with the residents’ needs and preferences.

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 to ensure residents’ medication is managed safely and correctly. Medications are stored in lockable cupboards. Medications are administered by registered nurses and competent team leaders. Administration of medications is against a documented medication chart that is written by the resident’s preferred doctor. Pharmacy supply medications on a regular basis and are available after hours. Review of medication incidents shows management of each incident consistent with resident safety. Observation of medication administration confirms safe practice. Interviews with residents/representatives demonstrate satisfaction with medication management in the home.

2.8 Pain management

This expected outcome requires that “all care recipients are as free as possible from pain”.

**Team’s findings**

The home meets this expected outcome

The home has systems to ensure all residents are as free as possible from pain. An assessment of pain is completed on entry to the home. Following assessment a care plan to manage the pain is developed. Review of documents shows pain assessment tools for both verbal and non-verbal experiences of pain are in use. Individual pain needs are considered to ensure the most appropriate method of pain relief is used for each resident. Review of documents show residents are referred to external medical specialists to assist with pain relief as required. The home utilises the expertise of the physiotherapist to assist with pain management. The physiotherapist has a team of physiotherapy aide staff who assist with mobility and pain relief through massage or accepted physiotherapy treatments. Observation of staff practices shows consultation with residents about pain management. Interviews with residents/representatives demonstrate satisfaction with the way the home effectively manages residents’ pain.
2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure the dignity and comfort of residents who are terminally ill is maintained in consultation with residents and their representatives. Analgesia and other pain relief measures such as massage are available to minimise residents’ distress. The home has access to external specialist palliative care support. Spiritual support for residents and their representatives is available as required. The home takes into consideration culturally appropriate customs during this time. Residents/representatives confirm the home’s practices maintain residents’ comfort and dignity.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents receive adequate nourishment and hydration. Initial and ongoing assessment of residents’ dietary preferences and requirements occurs and this is communicated to the appropriate staff. Interviews with staff confirm that residents’ special dietary needs are catered for and this includes special diets, pureed meals, thickened fluids and nutritional supplements. Review of documents confirms appropriate external health professionals are accessed when needed. Observations confirm the use of assistive devices to support independence during meal consumption. Interviews with residents/representatives highlighted comments regarding the home providing food like a Christmas dinner every day.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems to manage residents' skin care effectively. An assessment of the resident’s skin integrity is completed on entry to the home and on an ongoing basis as required. The home has equipment to assist with the maintenance of skin integrity such as pressure relieving mattresses, cushions and other assistive devices. Review of documents shows access to relevant specialists for assessment and treatment of skin conditions.

Interviews with staff confirm education on maintaining skin integrity. Observation of clinical stores confirms access to equipment for the maintenance of skin integrity. Interviews with residents/representatives demonstrate satisfaction with skin care provided by the home.
2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to effectively manage residents’ continence needs. An assessment of continence requirements is undertaken on entry to the home. Following assessment an individual continence management program is documented and implemented. Review of documentation confirms there are programs tailored to the needs of residents. Interviews with staff confirm regular education and training on continence management. Observation of storage areas confirms the home has suitable levels of linen and continence aids. Interviews with residents/representatives demonstrate satisfaction with continence management in the home.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to identify and effectively manage residents with challenging behaviours. Staff perform initial and ongoing assessments to identify residents’ behaviour management needs that include triggers and strategies to develop and implement care plans. Registered nurses monitor and review the care plan regularly to assess its effectiveness and make changes if indicated. Documentation shows referrals to specialist medical, mental health and allied health teams are made as necessary. Interviews with staff and observations of staff interactions with residents confirm appropriate management of behaviours. Interviews with residents/representatives demonstrate satisfaction with how the home manages challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents receive assistance with mobility and dexterity. A mobility assessment is completed on entry to the home. The physiotherapist visits the home regularly and is assisted by staff to implement customised mobility and exercise programs for residents. Residents were observed accessing all living areas of the home safely, with appropriate mobility aids and assisted by staff when required. Interviews with residents/representatives demonstrate satisfaction with how the home manages 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 has systems to ensure residents’ oral and dental health is maintained. An assessment of the resident’s oral and dental needs is completed on entry to the home. This includes making arrangements for access to dental treatments. Review of documents confirms utilisation of dental services for residents. The home provides a seasonal change of toothbrush to promote optimal oral health. The home provides texture modified meals and fluids consistent with residents’ assessed oral and dental needs. Interviews with residents/representatives demonstrate satisfaction with oral and dental care provided by the home.

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 systems to ensure residents’ sensory losses are identified and managed effectively. An assessment of the resident’s sensory loss is completed on entry to the home. The home has access to a number of visiting allied health professionals such as dietician, speech pathologists, audiologists, optometrists and others to assist with effective management of sensory loss. Review of documents confirms access to allied health services when the need arises. Care staff assist in the maintenance of visual and auditory aids and lifestyle staff provide regular sensory stimulation activities to ensure sensory loss is reduced where possible. Interviews with residents/representatives demonstrate satisfaction with the way the home manages 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.

The home ensures residents are able to achieve natural sleep patterns. An assessment of the resident’s normal sleep routines is undertaken on entry to the home. From the assessment an individual sleep management plan, including the number of pillows, blankets, preferred settling time and other items are included. Interviews with staff confirm residents’ individual needs are assessed and met. Interviews with residents/representatives demonstrate satisfaction with provisions made to achieve natural sleep patterns.
Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

**Team’s findings**

The home meets this expected outcome

The home’s well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Standard 3. Of particular relevance to this Standard, the home gains feedback and suggestions for improvement from regular meetings of residents/representatives.

Examples of specific improvements relating to Standard 3 Care recipient lifestyle include the following:

- Following changes to the Privacy Act and privacy principles, the home reviewed and updated its privacy policy to comply with the legislative changes.

- Given that many residents are from rural areas and enjoy looking after animals, the home bought some chickens for residents to look after, including when little chicks were hatched. The tending of the chickens was to varying degrees, depending on the individual and a level of staff involvement. The home reports that for those residents who chose to be involved, this activity resulted in their enhanced interest in "old times", gave them much enjoyment and reduced behavioural incidents.

- At a residents’ meeting in April 2014, residents commented that usage of the manual minibus was unnecessarily limited, as not all staff knew how to drive it. They suggested that it be replaced by a new automatic bus, which more staff members could drive. The home subsequently acted on this suggestion and purchased an automatic bus. Having the new bus has resulted in more outings being organised, including more shopping trips, trips to a local park and sightseeing drives, and consequent resident enjoyment.
3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards including Standard 3 Care recipient lifestyle.

In relation to regulatory requirements for Standard 3, we noted for example that the home has various arrangements to meet its obligations regarding staff and residents’ confidentiality and privacy provisions, residents’ security of tenure and informing residents of their rights and responsibilities. In addition, the home has mechanisms to ensure the appropriate reporting of suspected or alleged incidents 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

The home’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Standard 3 Care recipient lifestyle.

Induction and in-service education sessions canvass issues related to resident lifestyle. Recent topics have included reportable incidents (elder abuse), customer service and residents’ rights, and maintaining resident’s privacy and dignity. Relevant staff have also undertaken education in advance care planning, as an aspect of choice and decision making. Moreover, various resident lifestyle issues such as privacy and dignity are covered indirectly in the staff education program in the treatment of issues relating to residents’ health and personal care. Relevant staff have undertaken the Certificate III in leisure and lifestyle.

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.

Residents and representatives are satisfied with the ways staff assist residents to adjust to life within the home and provide ongoing emotional support. There are systems to ensure each resident receives initial and ongoing emotional support through the entry and care review processes. These include the provision of a resident handbook, assessment of cultural and spiritual needs, care planning, case conferences and evaluation of the care provided. Observation show families and friends are encouraged to visit and are made to feel welcome.
in the home. Residents are encouraged to personalise their room to help create a homelike atmosphere by bringing personal items. Staff provide residents with emotional support, including one-to-one interaction by care and lifestyle staff. Interviews with residents/representatives demonstrate satisfaction with emotional support provided in the home.

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.

Residents are encouraged to maintain their independence. Residents’ preferences and abilities in relation to a range of activities of daily living and lifestyle are identified and documented in care plans and are included in the activity program. The activities program is designed to promote independence and community participation as well as encouraging friendships between residents. The home has regular outings/visits with the local culturally specific community health centre, and the nearby culturally specific religious order. Residents are enabled to participate in voting, as they wish. Staff also assist and encourage residents to participate in decision-making in relation to health care choices and their personal care.

Interviews with residents/representatives demonstrate satisfaction with opportunities to maintain independence provided by 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.

Staff gain consent from residents for all interactions and procedures. Residents’ signed consent is obtained to disclose certain information within the home. Staff recognise and respect each resident’s privacy, dignity and confidentiality as demonstrated in observation of daily work practice. Examples include addressing residents by their preferred names, knocking prior to entering a resident’s room and storing confidential resident records and belongings securely. The home has many areas where residents and their visitors can meet with some privacy. Interviews confirmed residents/representatives are satisfied the resident’s right to privacy, dignity and confidentiality is recognised and respected.

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 has systems to encourage and support residents to participate in a range of activities of interest to them. Lifestyle staff develop an individualised care plan in keeping with
each resident’s cognitive abilities and special needs to address their preferred lifestyle, cultural and spiritual preferences. The care plan is regularly reviewed and resident feedback sought to address changing needs and preferences. The home’s activities calendar is based on resident interests. The home has regular outings/visits with the local culturally specific community health centre, and the nearby culturally specific religious order. Some of the most popular activities include celebration of special cultural events such as Maskerade, and individual visits for residents who do not wish to participate in group sessions. Residents/representatives are satisfied that resident participation is encouraged and supported and the activities offered by the home are of interest to the resident.

3.8 Cultural and spiritual life

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

Team’s findings

The home meets this expected outcome.

The home celebrates many culturally significant periods, for example Easter and Christmas. In addition other relevant celebrations are held for specific resident cultural and spiritual choice such as Heritage Day, Assumption Day and others. The home has regular visits from the nearby culturally specific religious order. Review of lifestyle documents and interviews with staff confirm individual beliefs are fostered. Observations and interviews show the home supports the celebration of individual cultural values. Interviews with residents/representatives demonstrate satisfaction with how the home meets residents’ cultural and spiritual needs.

3.9 Choice and decision-making

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

Team’s findings

The home meets this expected outcome.

Residents are encouraged to participate in decisions about their care and the services provided by using processes such as case conferences, surveys, meetings and other feedback mechanisms. Information on residents’ rights and responsibilities is included in the resident handbook, resident agreement, and is on display in the home. Observations confirm residents are provided with relevant choices in respect of meals, activities and other day to day matters. Interviews confirm a process is in place to have any comment or complaint managed at the appropriate level. Residents/representatives are satisfied with the approach to choice and decision making for residents in the home.
3.10 Care recipient security of tenure and responsibilities

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure residents have secure tenure within the home and understand their rights and responsibilities. On entry residents/representatives receive a resident agreement and handbook. The resident agreement sets out the standard requirements under the relevant legislation, including security of tenure. Relevant staff discuss the information in the agreement with each resident/representative. The Charter of residents’ rights and responsibilities is displayed in the home and is contained in other resident documentation. Management stated any relocation of residents within the facility is fully discussed with residents/representatives prior to the resident being relocated.

Residents/representatives indicated awareness of residents’ rights and responsibilities and security of tenure at the home.
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

The home’s well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Standard 4 Physical environment and safe systems.

Examples of specific improvements relating to Standard 4 include the following:

- Following requests from residents, the home landscaped various garden areas. At the suggestion of the CEO, this also included the construction of a gazebo. These improvements have resulted in a more pleasant and aesthetically pleasing upgrade to the living environment. The home advises that the gazebo is a well-used area by residents and visitors.

- With the arrival to the home of several residents with possible wandering behaviour, the home conducted a risk assessment and decided to implement a number of security measures. These included installing security gates with coded pads. The home reports that the risk of a resident going missing has been minimised. It further advises that other residents are free to open the gates using the code, and have accepted the codes as a security measure. Some residents even commented that they feel more secure as people who do not know the code could not enter.

- In 2014, the home introduced a second cooked meal alternative at lunchtime, in addition to other alternatives such as sandwiches. As part of the menu review, there was consultation with residents at a residents/relatives meeting to find out which meals were preferred as a second choice. The home reports that this has resulted in residents being satisfied that they can have meals of their choice and that their decision making is respected.
4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards, including Standard 4 Physical environment and safe systems.

As examples of regulatory requirements related to Standard 4, we observed on display relevant regulatory information concerning work health and safety legislation. We also observed the installation of fire safety systems, and noted the annual fire safety statement has been completed in accordance with legislative requirements. Staff have undertaken mandatory fire safety training. The home has also implemented various arrangements to ensure it meets food safety requirements such as those encompassed in the NSW Food Authority’s licensing and audit requirements.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Standard 4 Physical environment and safe systems.

Particularly in relation to Standard 4, staff have undertaken mandatory education in fire safety, disaster management, manual handling, and infection control (including hand washing). There has also been education in safe food handling and chemical usage. In addition, staff have attended external training courses related to their specialist roles. Moreover, we also noted that the contract cleaning staff are both provided with appropriate education by the contract cleaner and participate in applicable education (such as fire safety) provided by the home.

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 management of the home has implemented ongoing mechanisms that demonstrate it is continuing to improve the safety and comfort of residents in their living environment. These mechanisms include regular environmental safety inspections, cleaning, maintenance and other safety related checks, and incident and accident reporting. There are also resident
feedback mechanisms, such as residents/relatives meetings and direct discussions with management, in relation to the comfort and safety of the living environment. Residents/representatives stated the home is safe and comfortable. This view was also supported by various safety monitoring and reporting data we reviewed.

4.5 Occupational health and safety

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

**Team’s findings**

The home meets this expected outcome

There are effective mechanisms in operation to ensure management is actively working to provide a safe working environment that meets regulatory requirements. The home’s safety system is overseen by its work health and safety (WHS) committee. The safety system includes regular staff training (including manual handling), regular safety related audits and inspections, hazard reporting, accident and incident reporting and risk assessments. A preventative and routine maintenance program is in operation in the facility, which helps ensure the overall safety of the environment and equipment. There have been minimal incidents relating to staff safety, thereby indicating the effectiveness of the home’s approach to occupational health and safety.

4.6 Fire, security and other emergencies

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

**Team’s findings**

The home meets this expected outcome

The home’s management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Fire safety systems in the home include fire detection and alarm systems, a sprinkler system, fire-fighting equipment, exit signs and evacuation plans at every exit. The home has formal, external contractual arrangements for the monitoring and maintenance of all its fire safety equipment and systems. We sighted the annual fire safety statement displayed. Staff training records confirm staff participate in regular mandatory fire safety training. Staff interviewed are aware of fire safety and emergency procedures. We observed the home provides a secure environment including secured doors, lock up procedures and appropriate overnight staffing arrangements. The home has a well-developed system for responding to disasters including evacuation procedures.

4.7 Infection control

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

**Team’s findings**

The home meets this expected outcome

The home has an effective infection control program with a system for identifying, managing and minimising infections. The program includes staff education, audits, and discussion of infection issues at meetings. Staff monitor temperatures in refrigerators and freezers and use
colour coded equipment. Hand washing facilities are available throughout the home. There are formal cleaning schedules to maintain hygiene levels. Staff interviewed show an understanding of infection control principles and guidelines. The home has access to personal protective equipment and supplies for handling an outbreak or infection.

4.8 Catering, cleaning and laundry services

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

Team’s findings

The home meets this expected outcome

The home has implemented policies, procedures and appropriate arrangements to ensure hospitality services are provided in a way that enhances residents’ quality of life and the staff’s working environment. The hospitality services are subject to regular monitoring and audits to ensure they are operating at desired levels. The catering system ensures residents’ preferences are taken into account in the food planning process and appropriate choices and alternatives are offered. Residents/representatives have input into menus through surveys, resident meetings, feedback directly to staff and other communication. We noted the cleaning system is well organised and effective, with common areas and each resident’s room being cleaned regularly. Laundry services are provided effectively, with residents’ personal items being washed and returned to their owner within a reasonable turnaround time. Interviews indicate residents/representatives are satisfied with the way in which the home provides catering, cleaning and laundry services.