



Australian Government

Australian Aged Care Quality Agency

Elizabeth Lodge (Rushcutters Bay)

RACS ID 0476
46 Bayswater Road
RUSHCUTTERS BAY NSW 2011

Approved provider: Anglican Retirement Villages

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 05 October 2018.

We made our decision on 21 August 2015.

The audit was conducted on 14 July 2015 to 16 July 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



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Audit Report

Elizabeth Lodge (Rushcutters Bay) 0476

Approved provider: Anglican Retirement Villages

Introduction

This is the report of a re-accreditation audit from 14 July 2015 to 16 July 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 14 July 2015 to 16 July 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:	Philippa Clarke
Team member/s:	Hiltje Miller

Approved provider details

Approved provider:	Anglican Retirement Villages
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Details of home

Name of home:	Elizabeth Lodge (Rushcutters Bay)
RACS ID:	0476

Total number of allocated places:	116
Number of care recipients during audit:	115
Number of care recipients receiving high care during audit:	64
Special needs catered for:	Dementia

Street/PO Box:	46 Bayswater Road
City/Town:	RUSHCUTTERS BAY
State:	NSW
Postcode:	2011
Phone number:	02 9361 3967
Facsimile:	02 9361 0930
E-mail address:	raelene.blackledge@arv.org.au

Audit trail

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

Interviews

Category	Number
Elizabeth Lodge - Facility manager	1
Anglican Retirement Villages (ARV) – General manager operations	1
ARV Quality and compliance manager	1
Operations manager	1
Clinical leader	1
Registered nurses	5
Care staff	15
RN/workplace trainer	1
Clinical educator - regional	1
Physiotherapist	2
Palliative care	1
Care recipients/representatives	22
ARV Building services manager	1
Maintenance officer	1
Contracted cleaning staff and managers	4
Cleaner/Handyperson	1
Kitchen staff and supervisor	4
Chaplin	1
HR administration assistant	1
Admission coordinator	1
Leisure and Lifestyle	3

Sampled documents

Category	Number
Care recipients' files	11
Wound charts	10
Signed resident and accommodation agreements	6
Medication charts	17
Personnel files	6

Other documents reviewed

The team also reviewed:

- Audit schedule and audit results
- Care recipient list
- Cleaning manual, schedules, cleaning quality inspection reports, work instructions and work completed sign off log sheets
- Clinical care: Advance care plans, restraint authority, bowel charts, blood glucose level monitoring, dietary needs/preferences, continence management, meals and drinks, weight monitoring, wound management/dressings, dietician and speech therapist reviews, mobility and pain physiotherapist documentation including assessments, care plans, manual handling guides, treatment sheets, incident reports and pain assessments
- Education: policies and procedures, education calendar, mandatory training register, education attendance, learning and development training history
- Feedback folder including comments, complaints suggestions and responses, feedback register
- Fire safety and emergencies documentation: inspection records, annual fire safety statement, emergency procedures, crises and emergency management plan, lock up procedures, evacuation details of care recipients and emergency evacuation signage
- Food servery manual, food safety monitoring records, care recipient meal preferences, diet requirements and menu, care recipients' dietary forms and change of diet notifications
- Human resource documentation: position descriptions, duty lists, staff agreement and handbook, performance management register, staff separation processes, staff orientation packs, staff survey results, student visa register, roster, processes for managing roster changes, leave forms
- Infection control: spills kits, outbreak kits and resource cupboard, personal protective equipment throughout, hand sanitiser units, sharps containers, contaminated waste bins and legionella testing
- Leisure and Lifestyle: Rhythm of Life stories, activities calendar

- Maintenance records: preventative maintenance schedule, maintenance reports, warm water temperature check record, pest control reports, contractor induction records
- Medication management records including controlled drug registers, monitoring records for clinical refrigerator temperatures, pharmacy re-ordering records, information on safe altering of medications including crushing, medication audits, medication management and administration policy, medication care plans, medication incidents, medical advisory committee meeting minutes.
- Minutes of meetings
- Mission, vision and values
- Notices advising care recipient, representatives and visitors of the re-accreditation audit
- Quality management system: policies and procedures, continuous improvement plans, audit results, care recipient information package, organisational management alerts, feedback survey results, external contractor/supplier agreements and quality indicator scorecards
- Regulatory compliance: compulsory reporting register with consolidated records, police certificate records and renewal register, NSW Food Authority Licence, professional registration records
- Resident information folder, pre-admission pack and checklist, resident agreements
- Self-assessment report with information about each Accreditation Standard for re-accreditation
- Work health and safety: "My safety" handbook, WHS Committee minutes, risk assessments, , workplace inspections, risk management register, hazard/incident alerts, new equipment checklists, electrical tagging records, material safety data sheets

Observations

The team observed the following:

- Activities, entertainment and exercises in progress, activity program on display; Care recipient participating in activities, photographs of past events and activity resources
- Annual fire safety statement, fire safety plans, equipment and emergency evacuation packs
- Archive room
- Café and kiosk
- Charter of Care recipients' rights and responsibilities displayed
- Chickens in incubating pen
- Complaints information including internal and external mechanisms displayed around home, secure suggestion box
- Daily handover between registered nurses and care staff

- Equipment and supply storage rooms including clinical, linen stock in sufficient quantities and equipment available and in use for manual handling such as lifting machines, hand rails, ramps and walking frames
- Infection control resources including hand washing stations, personal protective clothing, and supplies; spills kits, sharps containers and contaminated waste disposal
- Information on noticeboards for care recipients, visitors and staff including care recipient activity calendar, Quality Care Agency re-accreditation notices, activity programs, education calendars and menus, meeting minutes
- Interactions between staff and care recipient/relatives, visitors, medication administration, staff answering call bells in a timely manner.
- Laundry collection and distribution, care recipient laundry
- Living environment and secure outdoor areas
- NSW Food Authority Licence displayed
- Nurse call system in operation including care recipient access
- Organisation chart
- Secure document storage including care recipient and staff files, secure access to computer system
- Short group observation in dining room
- Staff work areas including care stations, clinical and other utility rooms, staff room, reception and offices, information in staff room
- The dining environments during midday meal service, morning and afternoon tea, including care recipients seating, staff serving/supervising, use of assistive devices for meals and care recipient being assisted with meals in their rooms
- Visitor, volunteer, contract and care recipients' sign in and out books
- Work health and safety notice boards.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement across all four Accreditation Standards through feedback forms, meetings, a program of audits and surveys, and analysis of monitoring data. Opportunities for improvement that are identified are recorded on a plan for continuous improvement. Strategies are developed, documented, monitored and evaluated to ensure satisfactory outcomes are achieved. Care recipients/representatives and staff are encouraged to actively contribute to this process. Interviews with care recipients/representatives and staff confirm feedback has resulted in improvements for care recipients.

Examples of improvements at the home relating to Accreditation Standard One include:

- A staff survey identified staff were seeking additional career development opportunities. Management focused on arranging additional learning and development opportunities for staff. Posters were displayed in the staff room and opportunities discussed at staff meetings. Since January, four staff have completed certificate three in aged care, and an additional four have now completed certificate four in aged care, allowing them to be promoted to care supervisors. A lifestyle staff member has completed additional education in recreation and several registered nurses undertook specialised education in palliative care and dementia skills. Funding was also procured to allow a pastoral carer to undertake a Chaplin course. The additional learning and development opportunities have empowered staff and ensure continuing high quality care for care recipients.
- A staff survey identified staff would appreciate additional recognition. An award system was introduced allowing staff, management and care recipients to identify a staff member each week who goes 'above and beyond' in caring for care recipients. The staff member is then awarded with movie tickets as a thank you. A board was installed so everyone is aware of the winners. Care recipients enjoy providing feedback on the care they receive.

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 systems with corporate support to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines applicable to aged care. Management is informed of changes and updates to policy, procedures and documentation through the organisation’s corporate services that have access to a variety of authoritative sources including a peak body. Updates are communicated through the intranet, by e-mail and discussed at management forums. Management has responsibility to notify staff at the home of changes to regulations through meetings, memoranda, newsletters and education sessions. Updated policies, procedures and manuals are readily available for staff.

Examples of regulatory compliance with Accreditation Standard One include:

- Systems and processes are in place to ensure all staff, contractors and volunteers have current criminal history certificates.
- The provision of information to care recipients and stakeholders about internal and external complaint mechanisms.
- Notification of the re-accreditation audit to care recipients and their representatives occurred via notices in the home and letters.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Training needs are determined by a training needs analysis, performance appraisals and skill assessments, audit and clinical indicator results, regulatory requirements, organisational directives and the care needs of care recipients.

Education is delivered in orientation sessions, computer based learning modules and through in-service training. The knowledge and skills of staff are evaluated on an ongoing basis through assessments and observations by senior staff. All staff interviewed reported they have access to education on a regular basis.

Examples of education provided relating to Accreditation Standard One include: elder abuse, aged care funding instrument, frontline leaders, teamwork: helping each other, effective written documentation.

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 internal and external mechanisms for feedback and complaints available to all care recipients/representatives. On entry all new care recipients are made aware of feedback mechanisms and advocacy services outlined in the resident handbook, the resident agreement and brochures. Feedback forms and brochures for accessing external complaints are readily available and there is a secure suggestion box. Management have an 'open door' policy and are available to assist with enquiries. Complaints reviewed indicate issues are acknowledged, investigated and feedback is given to complainants. Care recipients/representatives said management was responsive to issues raised and that actions are implemented in an effective and timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's mission, vision and values are well documented and on display. They are also recorded in a variety of documents such as policies, handbooks and information packages and outline the organisation's commitment to providing quality services. The values of the organisation are included in the staff orientation program to ensure staff are fully aware of their responsibility to uphold the rights of care recipients and the organisation'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

There is a system in place to ensure there is sufficient staff with appropriate skills and qualifications to meet care recipients care and lifestyle needs. New staff are screened through the recruitment process to ensure they have the required skills, experience, knowledge and qualifications for their roles. The orientation and education programs provide staff with further opportunities to enhance their knowledge and skills. Staffing requirements are discussed fortnightly to ensure appropriate staffing mix and levels. The home's casual and agency staff members are used to fill any vacant shifts and a registered nurse is on-site 24 hours, seven days per week. Staff interviewed said they have sufficient time to complete their designated tasks and meet care recipients' needs. Care recipients/representatives expressed satisfaction with the care provided by the staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has stocks of goods and equipment that support quality service delivery. Designated staff are responsible for maintaining adequate stock levels and ensuring such stock meets required quality standards. Appropriate storage is provided to guarantee the integrity of stock and stock is rotated as required. Assets and equipment are maintained according to preventative program maintenance schedules and external contractors are used for specialised equipment service and repair. There are reporting systems for maintenance requests and hazards and regular inspections and environmental audits are undertaken.

Care recipients, representatives and staff stated there are sufficient supplies of goods and equipment including food, continence and medical supplies, linen and cleaning chemicals - available for use in the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Effective systems to provide access to current information for all stakeholders are available. Feedback, audits and survey results provide information to management about the home's performance. Staff are informed by the handbook, position descriptions and duty lists, handover, care documentation, communication books, memoranda, noticeboards and meetings. A password protected computer system facilitates electronic administration, care documentation and access to the organisation's policies, procedures and quality system. A resident agreement, information pack and handbook inform care recipients and representatives. Updated information is also provided through meetings, newsletters, noticeboards and verbal communication. Personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Care recipients/representatives reported they are kept well informed and consulted about matters that impact on them.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems to ensure that externally resourced services meet organisational and site-specific quality requirements. Service agreements are entered into with contractors for the provision of services and all external service providers are required to have current licences, insurance and comply with relevant legislation and regulatory requirements.

Approved contractors and suppliers are coordinated through head office. Service contractors provide fire safety, pest control, allied health and trade services at the home. Service provision is monitored on an ongoing basis through inspections, audits and feedback and suppliers/service providers are changed if they do not meet quality requirements. Care recipients, representatives and staff reported satisfaction with the external services currently provided at the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the system used to actively pursue continuous improvement.

Examples of improvements at the home relating to Accreditation Standard Two include:

- To better understand care recipient incidents, Elizabeth Lodge now holds monthly practice development clinical review meetings. A particular incident from the last month is discussed in detail at each meeting. The comprehensive investigation reviews likely causes and establishes methods to avoid similar incidents reoccurring. The clinical leader, registered nurses and clinical educator attend each meeting with specialists attending as needed.
- To create a more home like environment for care recipients, Elizabeth Lodge made changes to medication administration. Management decided to eliminate the dispensing of medication during meal times. Staff were provided with education in how to manage the dispensing of medication outside of meal times. Medication is now given to care recipients just prior to or after each meal. A care recipient satisfaction survey noted increased satisfaction with the dining experience, with care recipients commenting the separation of meal time and distribution of medication creates a calmer, more home like dining experience.

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 has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's systems.

Examples of regulatory compliance with Accreditation Standard Two include:

- The home has a system to monitor and record registered nurses' registration.
- Medications are stored and managed in line with NSW state legislation requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for an overview of the home’s processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles.

Examples of education provided relating to Accreditation Standard Two include: Urinary continence management, falls, diabetes management, Parkinson’s disease, dysphagia, mental health, fire aid, wound 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 provides care recipients with appropriate clinical care through initial and ongoing assessments, care planning and evaluation processes. There are processes that enable care recipients/representative to exercise control in relation to the care they receive and to provide input into their care planning. The registered nurse reviews and evaluates care recipients’ individual plans of care every three months or when necessary. Care recipients’ care needs are communicated to staff through handover at each shift, care plans, verbally, memorandums and progress notes. Clinical recording is undertaken to monitor skin integrity, wound management, pressure areas, infections, incidents/accidents, behaviours of concern and medication incidents. Statistics are obtained through the home’s care system which also assists in highlighting trends or areas for improvement. Care recipients’ weights, vital signs and urinalysis results are recorded monthly or as ordered by the medical officer. Staff demonstrate knowledge of care recipients’ identified care needs and ensure care recipients’ clinical care is being met. All care recipients/representatives interviewed are satisfied with the timely and appropriate assistance given by care staff.

2.5 Specialised nursing care needs

This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff, with medical officer input when required. This includes registered nurse input into assessment, management and care planning for care recipients. The home currently provides specialised nursing care for care recipients requiring diabetic management, oxygen therapy, wound care and pain management. Staff are provided with education in specialised nursing procedures with competency/skills audits based assessments. Staff confirm they have access to adequate supplies of equipment for the provision of care recipients’ specialised

nursing care needs. Care recipients/representatives are satisfied with the level of specialised nursing care offered by nursing, medical and/or other health professionals and related service teams.

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

Staff interviews, progress notes, medical notes, pathology, allied health and hospital discharge information demonstrates timely referrals for care recipients are arranged with appropriate health specialists as required. The staff can access health specialists including psycho geriatricians, psychologist, podiatrist, wound, continence and palliative care. Regular reviews and evaluation of care recipients’ health and well-being are carried out by the registered nurse in collaboration with care staff, and medical officers. Effective monitoring is achieved through handover of key care recipient information between relevant staff. Care recipients/representatives stated care recipients are referred to the appropriate health specialists in accordance with care recipients’ 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 processes to ensure care recipients’ medication is managed safely and correctly through policies and procedures, regular pharmacy deliveries, the secure storage of medications and internal/external audits. Staff administer medication using a prepacked medications system and the registered nurses oversee the home’s medication management system and processes. Review of care recipients’ medication charts show current medical officers’ orders are recorded and filed with medication identification sheets, care recipients’ photographic identification, allergies, staff signatures and medication allergy status. Staff administer controlled drugs in accordance with legislated guidelines and regulatory compliance. All staff who administer medications are assessed according to the home’s medication policy through competency based assessments on an annual basis or as required. Care recipients/representatives said they are satisfied with the home’s management of the care recipients’ medication.

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 ensures all care recipients are as free as possible from pain through the initial assessment, care planning and evaluation processes and by accessing advice on pain management from medical officers. Interventions are detailed in care recipients’ care plans

and on-going assessments documented. The individual care recipient's needs are considered to ensure the most appropriate method of pain relief is used for each care recipient. Care recipients with impaired cognitive ability are assessed using the Abbey Pain Scale. Various pain control methods used including pharmacologic, physical therapies (massage, heat packs, repositioning and daily gentle exercise) and emotional support. Pain relief measures are followed up for effectiveness and referral to the care recipient's doctor and other services organised as needed. Care recipients/representatives said care recipients are as free as possible from pain and 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 suitable environment and culture to ensure the comfort and dignity of terminally ill care recipients. Where possible, care recipients' end of life wishes (advance care plans) are identified and documented in consultation with care recipients and representatives. The home has access to an external palliative care community team which provides specialised care planning to ensure care recipient comfort. There are specialised clinical and comfort devices to ensure and maintain care recipient palliation needs and preferences. Staff receive ongoing education and described practices appropriate to the effective provision of palliative care. Care recipients/representatives said the home's practices maintain the comfort of terminally-ill care recipients.

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

There are systems to ensure each care recipient receives adequate nourishment and hydration. When a care recipient enters the home an assessment is completed and the relevant information regarding nutrition and hydration is provided to the kitchen. Care recipients' weights are recorded by care staff monthly and in line with their individual assessed need. Weight discrepancies are reviewed monthly or as needed by the registered nurse and team leader and medical officer. Nutritional supplements are available for care recipients who require extra nutritional support. Specialised eating equipment is used on an individual basis to help promote independence. Documentation indicates and staff said care recipients receive appropriate special diets, dietary supplements, extra fluids and allied health referrals. Care recipients/representatives said they are generally satisfied with the meals and drinks provided at the home.

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 a system to ensure care recipients’ skin integrity is consistent with their general health. Initial assessment of the care recipient’s skin condition is carried out along with other assessments which relate to and influence skin integrity. Care recipients have nutritional support, podiatry, hairdressing, and nail care provided according to their individual needs and choices. Maintenance of skin tears, skin breakdown and required treatments are documented, reviewed and noted on wound care charts. The home’s reporting system for accidents and incidents affecting skin integrity is monitored monthly and is included in the audit system. There is a variety of equipment in use to maintain care recipients’ skin integrity. Care staff help to maintain the care recipients’ skin integrity by providing regular pressure care, use of skin guards and correct manual handling practices. Care recipients/representatives are satisfied with the skin care provided to them and report staff are careful when assisting care recipients with their personal care activities.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

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

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 to ensure the needs of care recipients with challenging behaviours are managed effectively. All care recipients are assessed on their entry to the home, behaviours identified and strategies to manage the behaviours are developed by registered nurses. All episodes of challenging behaviours are recorded in the care recipient’s progress notes and/or behaviour chart. The registered nurse investigates the presence of infection or constipation when challenging behaviour escalates. Referral to behaviour management specialists is used to assist staff to manage behaviours of concern. Restraint use is minimal and closely monitored. It is only implemented following assessment by the care recipients’

medical officer and consultation with their representatives. Care staff are aware of care recipient's individual behavioural needs and management strategies. Care recipients/representatives are generally satisfied with the manner in which staff manage care recipients' behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home has processes to optimise care recipients' levels of mobility and dexterity. Care recipients' mobility and dexterity is assessed by the registered nurse on their arrival at the home and on a needs basis. The physiotherapist provide individual programs for care recipient. The accident and incident reporting system includes analysis of incidents to identify trends and strategies to be implemented to reduce the number of falls a care recipient incurs.

The home has a range of mobility equipment available for the use of care recipients. Care staff showed an understanding of their responsibilities in relation to optimising care recipients' mobility and dexterity. Care recipients/representatives expressed satisfaction with the home's care recipient mobility program and the allied health team support.

2.15 Oral and dental care

This expected outcome requires that "care recipients' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

There are has systems in place to ensure care recipients' oral and dental health is maintained. Oral and dental health is assessed when a care recipient moves into the home and care plans are developed. Care recipients have access to the mobile dental surgery.

Care recipients with their own teeth are encouraged and supported to maintain their independence in relation to oral hygiene and teeth cleaning. Care staff demonstrated an understanding of oral and dental care practices used in a care recipients care. Care recipients/representatives expressed satisfaction with the way in which care recipients' oral health is maintained.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Care recipients' sensory losses are identified and managed by staff at the home. The home's assessment process ensures any sensory loss is identified and referrals to appropriate specialists are made when required. The activity program incorporates activities that promote stimulation of the senses. Staff demonstrated an understanding of individual care recipient's

sensory needs. Care recipients/representatives reported general satisfaction with the assistance provided by staff in relation to care recipients' sensory losses.

2.17 Sleep

This expected outcome requires that "care recipients are able to achieve natural sleep patterns".

Team's findings

The home meets this expected outcome

The home has systems in place to assist care recipients achieve their natural sleep patterns. On their entry to the home, a care recipient's sleep pattern is assessed and strategies implemented. Care recipients are encouraged to settle quietly in their rooms at night and staff can offer snacks and drinks during the night when required. Care recipients said they are able to have a good night's sleep and the night staff are attentive to their needs.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the system used to actively pursue continuous improvement.

Examples of improvements at the home relating to Accreditation Standard Three include:

- After care recipients expressed a desire to explore the neighbourhood, a daily walk and talk group was introduced. A full time walk and talk carer is easily identified by care recipients due to their bright orange t-shirt. The carer completed six weeks of training and education alongside the physiotherapist prior to commencing the group to gain appropriate manual handling skills and walking independence assistance techniques. Care recipients now walk with the walk and talk carer around the community in small groups or one to one. Care recipients advise they can request a walk of any length at any time and appreciate the opportunity to explore the local neighbourhood.
- All care staff attended a four day course with a Montessorian Dementia Consultant to understand how to assist care recipients with independence, self-esteem, choice and meaningful activity by recognising their individual strengths, needs and interests. After undertaking this training Elizabeth Lodge decided to implement some changes to improve the living environment for care recipients. The call bell buzzers were turned to silent. The staff phones now vibrate to alert staff a care recipient has requested assistance. A call bell response time audit was conducted before and after silencing the buzzers and response time remained the same. Further, all staff now wear bright yellow name badges, to assist care recipients to identify them. Care recipients and visitors are also allocated the name badges but have the choice to wear them. Each floor in the building has been painted a different colour to allow care recipients to easily identify their floor when exiting the lift. A Montessori club has also commenced allowing care recipients to complete meaningful activities such as furniture painting, flower arranging or clothes folding. These improvements encourage care recipient independence and self-esteem.

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 has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Three include:

- The charter of care recipients’ rights and responsibilities is displayed in the home.
- There is a policy, procedure and staff training for the reporting of alleged or suspected resident assault.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for an overview of the home’s processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles.

Examples of education provided relating to Accreditation Standard Three include: Privacy, person centred care, cultural diversity in aging, dignity in care, ‘residents’ rights’.

3.4 Emotional support

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

Team’s findings

The home meets this expected outcome

There are effective systems to ensure each care recipient receives initial and ongoing emotional support. These include orientation to the home, staff and services for new care recipients and their families, visits from the lifestyle team, care recipient meetings and involvement of family in the activity program. Emotional needs are identified through the care recipient’s lifestyle assessments including case conferencing, one-to-one support and family involvement in planning of care. Care recipients are encouraged to personalise their living area and visitors are encouraged. Care recipients/representatives interviewed are satisfied with the way care recipients are assisted to adjust to life at the home and the ongoing support they receive.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The care recipients are assisted to maintain maximum independence, friendships and participate in all aspects of community life within and outside the home. There is a range of individual and general strategies implemented to promote independence including mobility and lifestyle engagement programs. Exercise classes are conducted and community visitors and entertainers are encouraged and arranged. The environment encourages care recipients, their representatives and their friends to participate in activities. Documentation, observation, staff practices and care recipient/representative feedback confirms care recipients are actively encouraged to maintain independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

There are systems to ensure privacy and dignity is respected in accordance with care recipients' individual needs. The assessment process identifies each care recipient's personal, cultural and spiritual needs. Staff education promotes privacy and dignity and staff sign to acknowledge confidentiality of care recipient's information. Staff handovers and confidential information is discussed in private and care recipients' files securely stored. Staff practices respect privacy and dignity and care recipients/representatives are satisfied with how privacy and dignity is managed at the home.

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 care recipients to participate in leisure interest and activities of interest to them. An activities plan of care is developed for each care recipient on entry to the home which outlines the care recipient's previous and current interests and preferences. The care recipients' involvement in activities is recorded and changes are made to their individualised care plans when needed. Friends and family attend activities such as music, movies, quiz, bingo, and cultural and birthday celebrations.

Recognition of care recipients' individual limitations is taken into consideration and assistance is provided to enable them to participate in activities. The home keeps care recipients informed of activities via noticeboards and verbal prompts. Care recipients with short term memory loss and sensory losses are regularly informed/reminded of current activities to enable them to

attend if they so desire. Care recipients/representatives are satisfied with the activities offered to care recipients and appreciate opportunities to provide suggestions for inclusion.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems through which care recipients' cultural and spiritual needs are valued and fostered including the identification and documentation of care recipients' interests, cultural needs, and religions. The menu is flexible and can accommodate the preferences of care recipients from culturally and linguistically diverse backgrounds when required. Specific cultural days such as Australia Day, St Patricks Day, Anzac Day and Christmas and Easter are commemorated with appropriate festivities. Care recipients' birthdays are recognised and celebrated. Freedom of choice with religious and cultural beliefs is respected. Pastoral care is delivered by various religious denominations providing services, personalised through one to one visits and weekly services. Care recipients/representatives are satisfied with the home's approach to the cultural and spiritual program and the support 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 resident 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

Management demonstrates each care recipient participates in decisions about the services the home provides and is able to exercise choice and control over their lifestyle through consultation around their individual needs and preferences. Management has an open door policy and this promotes continuous and timely interactions between the management team, care recipients and/or representatives. Observation of staff practices and staff interviews show care recipients have choices available to them including waking and sleeping times, shower times, meals and activities. Care recipient/representatives meetings and surveys occur regularly to enable care recipients/representatives to discuss and provide feedback about the services provided. Care recipients/representatives state they are satisfied with the support of the home relative to their choice and decision making processes.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the home. The resident agreement outlines the care and services provided at the home and fees and charges. A copy of the residential care resident information handbook is provided to all care recipients and contains the Charter of

Care Recipient Rights and Responsibilities, information about the care and services available to care recipients in the home and information on security of tenure. Care recipient/representative interviews indicated a general understanding of the information provided.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the system used to actively pursue continuous improvement.

Examples of improvements at the home relating to Accreditation Standard Four include:

- The manager reviewed catering services by consulting care recipients and identifying individual dietary needs and preferences. In the downstairs lounge area an attractive ‘help yourself’ beverage table has been set up encouraging care recipients to drink more fluids and enjoy snacks as they please. Care recipients are also offered a buffet breakfast including a choice of hot breakfast each day. The buffet is now available between 6:30am and 9:30am to allow care recipients the choice of when they wish to rise. Care recipients appreciate having these options and said the catering staff go out of their way to satisfy their requests.
- To create a least restrictive environment a security system has been installed which uses personal wrist-bands for care recipients to gain entry to the home and their rooms. Care recipients said these have been a great initiative as they don’t have to worry about keys and they can secure their room ensuring other care recipients cannot enter uninvited. The wrist bands ensure care recipients safety and privacy,
- To ensure care recipients rooms are cleaned as needed, a new cleaning frequency system was introduced. A colour coded dot is discreetly placed on the care recipients’ bedroom door to indicate to staff how often the room requires cleaning. Rooms are cleaned daily, third daily, or weekly depending on each care recipients needs and preferences. The frequency is reviewed monthly by cleaning staff, care staff and care recipients. Care recipients advised they are very satisfied with the cleaning services provided.

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 has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Four include:

- The home has a current certificate from the New South Wales Food Authority.
- The home has a current fire safety certificate, meeting legislated 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

Refer to expected outcome 1.3 Education and staff development for an overview of the home’s processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles.

Examples of education provided relating to Accreditation Standard Four include: Fire safety, manual handling, work health and safety, responding to emergencies, food safety, hazardous chemicals.

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 provides accommodation for the care recipients in a single rooms with ensuites. Appropriate and sufficient furniture is provided for care recipients and internal lighting, temperature, ventilation and noise levels are maintained at comfortable levels. Care recipients also have access to safe outdoor areas. There are security measures and maintenance programs to promote care recipients comfort and safety. The safety and comfort of the environment is monitored through audits, hazard reporting mechanisms and direct feedback from staff, care recipients and representatives. Care recipients/representatives are satisfied with the living environment and the maintenance of the home.

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 has systems and processes to provide a safe working environment meeting regulatory requirements. The home has regular work health and safety meetings. Committee members include representatives from each work area in the home. Processes include hazard and incident registers, workplace inspections, and risk assessments. Purchasing processes ensure new equipment is risk assessed. Results show incidents are analysed and information is used to inform continuous improvement activities or training programs. There is a return to work program and staff are trained in work health and safety. Staff have access to work health and safety information and are able to report on hazards in the workplace and staff incidents. Management and staff interviewed said they regularly informed and receive training and ongoing support on working safely in the workplace.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to minimise fire, security and emergency risks in the home. As part of the home's safety system there are external contractual arrangements for the routine maintenance of the firefighting equipment and internal fire alarm system. Observation confirms firefighting equipment is inspected on a regular basis. Staff advised fire safety and evacuation procedures are included as part of the orientation sessions for new staff members as well as part of the mandatory education program. Staff members were able to provide a consistent response on the procedures to be followed in the event of a fire. Key information on a range of other emergency situations is located in a flip chart format near the telephones to provide staff members with a quick reference guide.

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 and efficient infection control program in place. The program includes surveillance and reporting processes, hazard risk management, waste management and a food safety program. Preventative measures include orientation and ongoing training, audits and competencies for staff and the provision of protective personal equipment.

Cleaning, food safety and vaccination programs are in place. Infection control clinical indicators are collected and results are monitored for trends and systems and practices are reviewed as necessary. The laundries have sanitisers incorporated in the supplied chemicals. An outbreak kit is available, emergency supplies are available on-site and sharps and other

contaminated waste are disposed of appropriately. Documentation, observations and staff confirm the home has an effective infection control program.

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

Catering services are provided to meet care recipients' dietary needs and preferences that are identified on entry and an ongoing basis. Meals are prepared centrally by ARV food services and delivered to the home. Cook chill meals are re-generated in the home's kitchen with alternative choices to the main meal offered. The home's kitchen have monitoring systems to ensure that food is stored at the correct temperature; stock is dated and rotated, and food is served within safe temperature ranges. Cleaning schedules are used to ensure that care recipient rooms, common areas and service areas are cleaned on a regular basis and all laundry is done on site. Laundry services for flat linen and heavily soiled items are provided by the organisation's offsite commercial laundry. Care staff provide a laundry service for care recipients' personal clothing in the home's laundries located on both accommodation levels. The home monitors the effectiveness of hospitality services through care recipient /representative feedback and regular control audits and identified deficiencies are actioned in a timely manner. Care recipients are satisfied with the catering, cleaning and laundry services provided by the home.