



**Australian Government**

---

**Australian Aged Care Quality Agency**

## **Holy Spirit Aged Care**

RACS ID 0143  
13 Neptune Street  
REVESBY NSW 2212

**Approved provider: Catholic Healthcare 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 30 October 2018.

We made our decision on 27 August 2015.

The audit was conducted on 23 July 2015 to 24 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.

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

## Standard 3: Resident lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



**Australian Government**

---

**Australian Aged Care Quality Agency**

## **Audit Report**

**Holy Spirit Aged Care 0143**

**Approved provider: Catholic Healthcare Limited**

### **Introduction**

This is the report of a re-accreditation audit from 23 July 2015 to 24 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 23 July 2015 to 24 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

<b>Team leader:</b>	Trudy Van Dam
<b>Team member/s:</b>	Margaret Dawson

## Approved provider details

<b>Approved provider:</b>	Catholic Healthcare Limited
---------------------------	-----------------------------

## Details of home

<b>Name of home:</b>	Holy Spirit Aged Care
<b>RACS ID:</b>	0143

<b>Total number of allocated places:</b>	50
<b>Number of care recipients during audit:</b>	43
<b>Number of care recipients receiving high care during audit:</b>	26
<b>Special needs catered for:</b>	Dementia specific unit

<b>Street/PO Box:</b>	13 Neptune Street
<b>City/Town:</b>	REVESBY
<b>State:</b>	NSW
<b>Postcode:</b>	2212
<b>Phone number:</b>	02 9771 2196
<b>Facsimile:</b>	02 9772 1423
<b>E-mail address:</b>	Nil

## Audit trail

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

### Interviews

Category	Number
Manager	1
Care coordinator	1
Care staff	8
Administration assistant	1
Mentor/educator	1
Catering staff	1
Care recipients/representatives	12
Recreational activities officer	1
Laundry staff	1
Cleaning staff	1
Cleaning contractor	1
Maintenance staff	1

### Sampled documents

Category	Number
Care recipients' files	6
Summary/quick reference care plans	6
Care recipient agreements	4
Medication charts	6
Personnel files	4

### Other documents reviewed

The team also reviewed:

- Accident and incident reports
- Catering documentation (temperature monitoring records, cleaning records, menu, dietary needs and food preferences, food safety manual)
- Cleaning schedules, checklists, audits, specifications, cleaning manual
- Clinical documentation including: assessments, plans, directives, charts and records

- Consolidated registers of reportable assaults and missing care recipients
- Contractor agreements, contractor insurance records, code of conduct and police checks
- Education system documentation (education calendar, attendance records, staff competency assessments, mandatory education checklist, induction workbook and education newsletters)
- Disaster management plan and emergency procedures manual
- Human resource management: police check register, professional staff registrations, roster, staff performance review documentation, position descriptions and duty lists
- Infection control resources and records, including outbreak management program and vaccination records, refrigerator temperature monitoring records, spill kit checklist, infection data and trending information
- Information system documentation: Meeting schedules, meeting minutes, memoranda, newsletters, policies, procedures and flowcharts, archive register, staff handbook, care recipient's handbook, handover and communication book, care recipient admission pack and information guide for care recipients and families, visitor and contractor sign in/out books
- Lifestyle documentation including: care recipients' social profiles, activities program and records
- Medication competencies and medication competent staff list
- Medication reports and records
- Physiotherapy guidelines, directives and records
- Preventative and reactive maintenance documentation, equipment servicing records
- Quality system documentation: improvement forms, audits, audit summaries, audit schedule, surveys, continuous improvement plan, clinical indicators and trending information,
- Self-assessment report for re-accreditation

## **Observations**

The team observed the following:

- Activities in progress and activity programs displayed
- Archive room
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Charter of Care Recipients' Rights and Responsibilities
- Cleaning operations



- Complaint information posters and brochures, envelopes for confidential complaints (internal and external), advocacy brochures
- Daily menu displayed
- Information on noticeboards (staff, care recipients), whiteboards and menu boards
- Lunch service
- Equipment and supplies storage areas and equipment in use
- Fire safety equipment, fire board, emergency flip charts, evacuation plans, annual fire statement and emergency evacuation pack
- Infection control resources - outbreak kits, spills kits, personal protective equipment, colour coded equipment, sharps containers, sanitising gel, hand washing facilities
- Laundry
- Living environment and grounds
- Manual handling/mobility equipment
- Meal preparation and storage areas
- Medication administration rounds
- Menu on display, lunch time meal service, water cooler dispenser in reception area
- NSW Food Authority licence
- Secure storage of resident information
- Short group observation in dementia specific dining area
- Staff practices and interactions with care recipients, visitors and other staff
- Storage of medications
- Vision and mission and values statement displayed
- Wound management trolley and equipment

## 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 pursues continuous improvement across the four Accreditation Standards through the implementation of a quality framework that is care recipient and achievement focused.

Continuous improvement initiatives are identified through improvement logs, staff and care recipient/representative feedback, incidents, accidents, complaints, clinical indicator data and auditing results. Care recipients/representatives provide feedback through meetings and individual feedback. Opportunities for improvement are discussed at staff meetings and the effectiveness of continuous improvement activities are evaluated through care recipient/representative and staff feedback, monitoring and observations. Results show ongoing improvements to the care and services provided for care recipients.

Improvement initiatives implemented by the home in relation to Standard One - Management systems, staffing and organisation development include:

- In response to staff feedback and observations by the manager it was identified that staff were often walking long distances to get a shower chair or weighing chair. A new shower chair and weighing chair were purchased enabling staff to more easily access the equipment when needed.
- A new policy received from the organisation's corporate office included greater delegation of responsibility for mandatory reporting by the home's management. Management staff attended education sessions to ensure they were fully aware of their new responsibilities. In addition education was provided to staff about the new policy.
- Audits identified gaps in information management systems such as accidents and incidents not being documented in the correct places. A regular quarterly education session on documentation has now been added to the education calendar, which is ensuring staff are aware of information system requirements.
- The manager identified that care recipients could benefit from eggshell mattresses. Twenty new eggshell mattresses have been purchased. This is providing care recipients with improved sleep, improved pressure area care, skin integrity and reduced pain.

## 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 in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The organisation is a member of a range of peak industry associations and professional bodies, which provide updates and assistance with regulatory compliance as needed. Direct communication regarding regulatory changes via updates, circulars and bulletins is also received from a number of government and professional bodies. Key corporate personnel are responsible for the assessment of regulatory issues. The manager is responsible for implementing and adhering to regulatory compliance matters in the home. Regulatory issues and updates are communicated to staff through memoranda, meetings and education sessions. Management monitors compliance through on-going reviews of policies and procedures, audits, observation of staff practices and stakeholders’ feedback. Staff said they receive updates on regulatory issues as appropriate and they have access to information in regards to legislative and regulatory requirements.

Examples of regulatory compliance relevant to Standard One - Management systems, staffing and organisation development include:

- Care recipients and representatives were informed about the dates of this re-accreditation site audit.
- There is a system to ensure all staff and relevant contractors have police checks and these are monitored for renewal.

## 1.3 Education and staff development:

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The home has a comprehensive induction and orientation program for all new staff that includes formal components, buddy shifts, competency assessments and a workbook. The education delivered and knowledge and skills of staff are evaluated on an ongoing basis through education session evaluations, competency assessments, management observations, performance appraisals, audit results, comments and complaints and feedback from stakeholders. The in-house education program is supplemented by education provided by contracted suppliers of goods and services and allied health professionals. Staff said the home provides them with many opportunities for professional development. Care recipients/representatives commented staff are experienced and competent when undertaking their duties.

Education topics related to Standard One - Management systems, staffing and organisation development include: aged care funding instrument, discrimination, harassment and bullying, teamwork, documentation, computer education and accreditation.

## 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 systems to ensure care recipients and their representatives have access to internal and external complaint mechanisms. These are outlined in the care recipient's handbook and all new care recipients and/or representatives are made aware of feedback mechanisms on entry to the home. Improvement forms are used to capture complaints and posters and brochures for accessing external complaints services and improvement forms are available. Care recipient and relative meetings provide forums for feedback and raising concerns. Staff interviewed demonstrated an awareness of complaints' procedures. Care recipients/representatives interviewed said if they have concerns they raise them with the manager or staff who are responsive to their comments or concerns.

## 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 home displays the vision, mission and values prominently around the home and in key documents. The vision, mission and values are actively promoted through orientation, education, handbooks and during meetings. Staff provide care and services consistent with the organisation's vision, mission, values and commitment to quality service provision.

## 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

Care recipients/representatives were complimentary about the care, lifestyle and hospitality services provided by staff. Care recipients/representatives said there are sufficient staff to provide services to meet care recipients' needs. Staffing levels are determined by the needs of care recipients and are adjusted as needed. Staff said they have sufficient time and support to undertake their duties within their rostered hours. Staff also advised relevant education is provided and professional development opportunities are offered to ensure they have the necessary skills to undertake their duties. Staff expressed a commitment to the care recipients and the home.

## **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

Management and staff implement effective systems to ensure stocks of appropriate goods and equipment are available as needed for quality service delivery and service contracts are in place where appropriate. Key staff are allocated to monitor stock levels and prepare orders.

Management and staff review the quality of goods and services, and ensure return of unsatisfactory goods. The maintenance system includes regular servicing of equipment and inventory and equipment is monitored through regular audits, observation, meeting discussion and feedback from care recipients/representatives, management and staff. Staff said there are sufficient supplies of goods and equipment to enable them to carry out their roles and meet the needs of care recipients.

## **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

Information management and dissemination processes ensure care recipients/representatives, management, staff and other interested people are provided with relevant, appropriate and timely information. There are systems to manage the creation, distribution, storage, archiving and appropriate destruction of information. Electronic information is backed up daily, password protected and restricted to authorised personnel. Forms of communication include handovers, meeting minutes, communication diaries/books and noticeboards. Confidential information is stored securely and staff sign confidentiality agreements. Care recipients/representatives said they are kept informed about what is happening around the home.

## **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

Management monitors external goods and service providers to ensure the standard provided meets the needs and service quality goals of the home. Preferred supplier and contactor arrangements which are regularly reviewed are in place. A range of contractors, goods providers and external service providers operate within contracts and agreements covering for example care recipient's care related services, equipment maintenance and the fire safety system. Management monitors providers to ensure contracts and required documentation such as police clearances, if appropriate, and insurances are current. Care recipients/representatives and staff say they are satisfied with the goods provided and external services available.

## 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 a description of the overall system of continuous improvement. In relation to Accreditation Standard Two - Health and personal care the system is monitored through audits, clinical indicator results and feedback from care recipients/representatives, health professionals and staff.

The home has implemented improvements in Accreditation Standard Two - Health and personal care including:

- Audits identified that the effectiveness of PRN (as needed) pain relief was not always being recorded in progress notes and progress note entries were not being recorded as frequently as required. These issues were discussed at a staff meeting and staff now attend quarterly documentation education which ensures all staff are aware of documentation requirements.
- Management identified that some care recipients may benefit from transcutaneous electrical nerve stimulation (TENS). Four TENS machines were purchased which are now being used regularly by the physiotherapist for pain management and to improve the quality of life and dexterity of care recipients.
- Management identified that the delivery of palliative care could be improved. The manager and care manager attended a two day palliative care workshop and an aromatherapy kit was purchased which has enhanced the home's ability to provide high quality care to care recipients requiring palliation.
- It was observed that care recipients in the Rendu unit, and in particular those requiring thickened fluids, needed fluids that are appealing to them to ensure they consume sufficient fluids to meet their hydration needs. Large jugs of chocolate malted thick shakes are now available and care staff provide the thick shakes to care recipients between meals and snacks which is providing these care recipients with extra fluid per day.

## 2.2 Regulatory compliance

*This expected outcome requires that “the organisation’s management as 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. For further information relating to the home’s regulatory compliance system, please see expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relevant to Accreditation Standard Two - Health and personal care include:

- The home has systems in place to monitor compliance of medication management and the provision of specialised nursing care.
- Professional staff registrations and authorities to practice are recorded and monitored.
- A system is in place to manage unexplained absences of care recipients in accordance with regulatory 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

Expected outcome 1.3 describes the home’s systems in relation to education and staff development to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Review of documentation shows education relating to Accreditation Standard Two - Health and personal care has been provided for staff in the past year including hearing aids, medication management, dementia, pain management behaviour management sleep disorders, falls prevention, dental care and mental health.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

The home has systems and processes in place to assess, identify, monitor and evaluate care recipients’ individual care needs to ensure they receive appropriate clinical care. Care recipients clinical care needs are overseen by a clinical care coordinator in liaison with the Manager. After an initial assessment period interim care plans are developed and then care plans are formulated, reviewed by the care coordinator and monitored by a manager (registered nurse) every three months and more often if required. Care is planned in

consultation with care recipients/representatives, the care recipients' medical practitioner and allied health professionals. Clinical assessments are conducted during the admission process and reassessments are conducted if a care recipient's condition or care needs change.

Clinical performance is monitored through audits and staff have a good understanding of the clinical care process. There is a system for recording and reviewing accidents and incidents. The home has appropriate supplies of equipment and resources that are maintained in good working order. Care recipients/representatives expressed satisfaction with the care that care recipients receive stating it is appropriate and meets their needs and preferences.

## **2.5 Specialised nursing care needs**

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

### **Team's findings**

The home meets this expected outcome

There are systems to ensure care recipients' specialised nursing care needs are identified and met by appropriately qualified staff. A care coordinator in liaison with the registered nurse reviews and updates care directives and care plans which document care recipients' specialised nursing care needs and guide staff in the provision of care. The specialised nursing care needs of care recipients are identified when they first enter the home through clinical assessments conducted by a care coordinator, review of their medical history and consultation. Staff said they have access to external specialised services using a referral system including wound care and palliative care. Resource materials on specialised nursing care were observed and staff confirmed they have access to adequate supplies of equipment for the provision of care recipients' specialised nursing care needs. Care recipients/representatives say they are satisfied with the nursing care provided for care recipients' specialised needs.

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

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

### **Team's findings**

The home meets this expected outcome

Clinical assessments, the care recipients medical history and consultation with care recipients/representatives provide information on the care recipients' needs to access specialists or other health related services. Examples of health specialists visiting the home include podiatry, dietetics, and a psycho-geriatrician. Referrals to external appointments are arranged and staff said care recipients are accompanied by their representative or other transport arrangements are made if required. The care recipients' care plans and progress notes include health specialists' recommendations and ongoing care interventions. Care recipients/representatives are satisfied with the access and availability of other health specialists and related services to care recipients.



## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

The home has policies and procedures for the safe and correct management of medication and all staff responsible for administering medications are appropriately trained. Staff complete medication rounds using a pre-packed system of medications supplied by a pharmacy.

Observation identified staff store medications safely and correctly. Staff report medication incidents which are documented, investigated and followed up by management. An external company conducts medication reviews and results are provided to the care recipients’ medical practitioner for review. Audits of the medication system are undertaken to monitor and ensure safe and correct administration. Care recipients/representatives said they are satisfied with the home’s management of 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

There are systems to ensure all care recipients are as free as possible from pain. Initial assessments identify any pain a care recipient may have and individual pain management plans are developed. Staff use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Documentation shows staff provide a range of strategies to prevent and manage care recipients’ pain including clinical and emotional needs. Alternative approaches include massage, heat packs, regular repositioning and use of pressure relieving devices. Staff liaise regularly with medical practitioners and allied health personnel to ensure the effectiveness of pain management interventions are followed up and referrals to other services are arranged as needed. Care recipients/representatives expressed satisfaction with care recipients’ pain management.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home provides end of life care for care recipients which respects their privacy and dignity and ensures their comfort. An assessment and care planning process supports staff to identify the care recipients needs and preferences for end of life care in consultation with the care recipient/representative. Strategies and interventions vary depending on care recipients’ wishes, diagnosis and condition and include spiritual support and pain management. The home discusses end of life care with care recipients/representatives during case conferences and further discussion takes place when appropriate. Staff receive education about managing

the palliative care needs of care recipients, have access to a palliative care team for advice and access to specialised equipment as required.

## **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

Care recipients’ special dietary needs and preferences are identified when they first enter the home and include swallowing difficulties, special diets and individual preferences.

Information about care recipients’ dietary needs that include food allergies, special diets and food and drink preferences are recorded and available for staff to access. Care recipients’ weights are monitored and recorded monthly, the care coordinator and registered nurse liaise with the care recipients medical practitioner, dietician or speech pathologist as needed. Care recipients were observed being served and assisted with meals and drinks. Staff could discuss the provision of nutritional supplements, special diets and modified food textures used for care recipients with specific requirements. Care recipients/representatives interviewed are satisfied with the quality of the meals and choices offered to care recipients.

## **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 through initial and ongoing assessments and care planning. Care staff observe and report changes such as redness, skin tears, pressure areas or bruising to the care coordinator. The registered nurse attends complex wound management and oversees the provision of skin and minor wound care management. Care staff confirmed they assist care recipients to maintain their skin integrity by using equipment such as pressure relieving devices, repositioning and safe manual handling practices. Podiatry and hairdressing services are available at the home. Monitoring of accidents and incidents including skin tears and bruises occurs through the incident reporting system. Care recipients/representatives say they are satisfied with the skin care provided to care recipients.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

The continence management system promotes the dignity, comfort and well-being of care recipients. Continence assessments provide information for care planning including toileting needs, dietary interventions and the use of continence aids and equipment as needed. The effectiveness of the continence and bowel management programs is monitored and recorded

each shift and any anomalies are followed up by the care coordinator. The home's continence aid supplier can be accessed as required and provides training to staff in continence management and the correct use and fitting of continence aids. Staff confirmed there are adequate supplies of continence aids available. Care recipients/representatives say they are satisfied with continence management provided to care recipients.

### **2.13 Behavioural management**

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

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

The home meets this expected outcome

Clinical assessments, consultation with care recipients/representatives and monitoring of behaviour identify triggers and interventions to ensure the needs of care recipients with challenging behaviours are managed effectively. Individual activities are provided to care recipients with responsive behaviours and assist with their needs and interests. Acts of resident aggression are reported and reviewed to identify causes and the effectiveness of ongoing treatment strategies. Documentation shows there are referrals to specialist services to assist with managing challenging behaviours. Staff were observed to be interacting with care recipients in a calm and patient manner. Care recipients/representatives say the needs of care recipients with challenging behaviours are effectively managed.

### **2.14 Mobility, dexterity and rehabilitation**

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

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

The home meets this expected outcome

The home has systems to ensure care recipients are assisted to maintain optimum mobility and dexterity for as long as possible. The physiotherapist provides assessment and therapy planning for new care recipients and the review of care recipients whose condition has changed. Individual programs are provided by a physiotherapist and include pain management, transcutaneous electronic nerve stimulation (TENS) therapy and massage.

Care recipients' physiotherapy care plans are attended by the physiotherapist and heat pack therapy is attended by care staff. Group and individual exercises are conducted regularly during the week by recreational activity staff. Documentation shows falls incidents are reviewed, monitored and reported as part of the incident management reporting system. The physiotherapist provides manual handling education to care staff and equipment to assist care recipients to mobilise is maintained in good working order. Care recipients/representatives are satisfied with the home's approach to maintaining the mobility and dexterity and rehabilitation of care recipients.

## 2.15 Oral and dental care

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure care recipients’ oral and dental health is maintained. Care recipients’ needs and preferences are assessed and care plans are developed and evaluated on a regular basis and as required. Staff arrange appointments for care recipients to access dental services at the home or in the community. Swallowing difficulties and pain are referred to the care recipients’ medical practitioner or allied health services for assessment and review. Oral care products are provided by the home and staff assist care recipients to maintain oral and dental care in accordance with their needs and preferences. Care recipients/representatives say they are satisfied with the oral and dental care provided to the care recipients.

## 2.16 Sensory loss

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to assess, monitor and evaluate care recipients’ senses to ensure they are managed effectively. Documentation shows assessments identify deficiencies and consultation with care recipients/representatives provides additional information for care planning to effectively manage any sensory losses. Staff are able to explain the necessary care provided to care recipients who have visual or hearing loss including the cleaning and fitting of glasses and hearing aids. The home supports care recipients with the use of resources such as talking books, large print books, appropriate activity games and equipment. Care recipients/representatives say staff are supportive of care recipients with sensory loss and promote independence and choice as part of daily care.

## 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

Strategies are implemented to assist care recipients to achieve natural sleep patterns. Clinical assessments identify individual sleep patterns and care recipients are encouraged to maintain their usual bed time and to rest through the day if they choose. The care coordinator reviews care recipients who experience sleep disturbances and medications to assist with sleeping are prescribed at the discretion of the care recipients’ medical practitioner. Care recipients who are unable to sleep are offered a warm drink, food and relaxation interventions are provided with a quiet environment to help them settle. Care recipients/representatives say they are satisfied with the way care recipients’ sleep is managed.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes. In relation to Standard Three - Care recipient lifestyle, resident meetings, the comment and complaint system and verbal comments are used to gather suggestions and feedback on the lifestyle systems of the home.

The home has implemented improvements in relation to Standard Three - Care recipient lifestyle including:

- Staff identified that some care recipients particularly enjoyed painting and mosaic activities. A dedicated area has been created which is enabling care recipients to pursue their interests.
- The pastoral care worker suggested that an activity that involved all care recipients and staff would be beneficial. It was decided to make a large mosaic cross. All care recipients and staff participated in making the beautiful cross which now hangs in the chapel.
- Lifestyle staff identified the lifestyle program could be enhanced by adding new activities. Arrangements are now in place for an entertainment activity involving trained birds and another which involves visiting farm animals which care recipients reported they enjoy.

### 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

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home’s regulatory compliance system, please see expected outcome 1.2 - Regulatory compliance.

Examples of regulatory compliance relevant to Accreditation standard three include:

- Management has a system for mandatory reporting of alleged and suspected reportable assaults.
- Staff obligations to maintain confidentiality of care recipients’ information and to respect care recipients’ privacy is included in the staff handbook and the staff code of ethics.
- To ensure confidentiality of care recipients’ personal information all records are securely stored.

### 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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. Over the last year education and training sessions have been attended in relation to resident lifestyle.

Education topics related to Accreditation Standard Three include elder abuse, loss and grief, using music effectively, privacy and dignity, person centred care.

### 3.4 Emotional support

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure that each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. Information regarding care recipients’ cultural, spiritual and other interests is obtained soon after entry and assists staff to support care recipients to settle into the home. Visiting families and friends are welcomed, birthdays

are celebrated and outings are arranged. Care recipients are encouraged to decorate their room with personal items to help create a homelike atmosphere. Staff provide care recipients with emotional support and arrange as required for one to one visits from the pastoral carers, chaplain or religious representatives of their choice. Care recipients/representatives interviewed are satisfied with the way care recipients are assisted to adjust to life at the home and the ongoing caring 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 home has systems to assist care recipients to achieve maximum independence, maintain friendships and participate in the community. Clinical assessments identify the independence level of care recipients and the amount of assistance they require on a daily basis to complete their usual activities. A range of individual and general strategies are in place to promote independence including the provision of services and equipment, an activities program and regular mobility and exercise program. Staff assist with mobility and leisure activities that actively seek the involvement of care recipients and promote mobility and independence. The home welcomes visitors and care recipients are encouraged to participate in activities outside the home whenever possible. Care recipients/representatives say they are satisfied with the assistance the home provides in relation to care recipients' independence and continuing participation in the life of the community within and outside the home.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home has systems to ensure privacy and dignity is respected in accordance with care recipients' individual needs. The assessment process identifies each care recipients' personal, cultural and spiritual needs, including the care recipients preferred name.

Permission is sought from care recipients for the disclosure of personal information and the display of photographs. Staff education promotes privacy and dignity and staff sign confidentiality agreements. Staff handovers and confidential care recipient information is discussed in private and care recipients' files are stored securely. There are areas available within the home where care recipients, relatives and friends can meet privately. We observed staff being respectful of care recipients' privacy and dignity as they attended to their care needs. Care recipients/representatives are satisfied with how care recipients' 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 and encourages and supports care recipients to participate in a wide range of interests and activities. Care recipients' activity needs, interests and preferences are assessed on entering the home and on an ongoing basis. The activities program includes special events, art therapy, quizzes, bingo, bus outings, cupcake and biscuit decorating, walking groups, movies, reminiscing, exercises, word games, bocce and golf. There are varied activities programs including specific activities for care recipients living with dementia. Review of documentation and observation shows the home encourages and supports care recipients to participate in a wide range of interests and activities of interest to them. Care recipients who are too frail or choose not to attend activities enjoy individual visits from staff. Care recipients/representatives are informed of the activities by receiving an individual program and through display on noticeboards throughout the home, and care recipients are satisfied with the activities provided.

### **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

Care recipients' cultural and spiritual needs are fostered through the identification and communication of care recipients' individual interests, customs, religions, ethnic backgrounds and end of life wishes during the home's assessment processes. The home recognises and celebrates culturally specific days with festivities consistent with the care recipients residing in the home. Church services are regularly conducted; a priest attends mass services and anointing mass once a month. Pastoral carers attend services and individualised pastoral care as requested and other religious representatives' visit on a regular basis as needed.

The home celebrates care recipients' birthdays and welcomes involvement from families. Care recipients say their customs and beliefs are supported and fostered by the home.

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

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

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

The home meets this expected outcome

The home demonstrates that 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 about their individual needs and preferences. Documentation demonstrates care



recipients' personal preferences are identified on entering the home. Management has an open door policy to interact with care recipients/representatives when needed. Processes include one-on-one interviews, discussions with staff and management, completing surveys and other feedback mechanisms. Observation of staff practices and staff interviews demonstrate care recipients have choices available to them including waking and sleeping times, shower times, meals and activities. Care recipients and relatives' meetings are conducted to enable them to discuss and provide feedback about the services provided by the home. Care recipients are able to decorate their own rooms with personal belongings.

Care recipients state they are satisfied with the support from staff with regard 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

The home provides care recipients with secure tenure within the home and provides assistance for them to understand their rights and responsibilities. Relevant information about security of tenure and care recipients' rights and responsibilities is provided and discussed with prospective care recipients and their representatives before entering the home. The care recipient agreement contains information about security of tenure, rights and responsibilities and rules of occupancy. The Charter of Care Recipients' Rights and Responsibilities is displayed in the home. Care recipients said they feel secure in their residency within the home and confirm general awareness of their rights and responsibilities.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

The home is actively pursuing continuous improvement in relation to physical environment and safe systems. This was confirmed through observations, interviews and review of documentation. For a description regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

Examples of improvement activities in relation to Accreditation Standard Four include:

- Maintenance staff identified that flammable products kept in the maintenance room presented a fire risk. A metal storage container was purchased and secured in an outdoor area which is ensuring that flammable chemicals are stored safely.
- Management identified that supper options could be improved. Additions were added to the supper menu and care recipients now have a choice of sandwiches, fruit, biscuits, tea, decaffeinated coffee, milo, plain and flavoured warm milk.
- The manager thought care recipients might enjoy more regular hot breakfasts. After speaking with care recipients it was identified that quite a few care recipients would enjoy the option of a hot breakfast which are now being provided each day. Care recipients are now able to enjoy hot and cold breakfast options whenever they wish.
- Management identified that care recipients were placing clothing on the top of heaters in their rooms which presented a fire risk. In addition the cords from heaters presented a trip hazard. New wall mounted heaters with timers were installed. The new heaters have improved safety and ensure care recipient’s rooms are kept at an even comfortable temperature.

## 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. For further information relating to the home’s regulatory compliance system, please see expected outcome 1.2 - Regulatory compliance. Examples of regulatory compliance relevant to Accreditation standard four include:

- All chemicals are stored correctly with current materials safety data sheets.
- The home has a current NSW Annual Fire Safety Statement displayed.
- The home has current NSW Food Authority registration displayed.

## 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 team’s rationale for finding the home meets this expected outcome is based on the home’s systems to ensure management and staff have appropriate knowledge and skills referred to in expected outcome 1.3 - Education and staff development.

Education topics related to Accreditation Standard Four delivered in the last 12 months include fire safety, infection control, manual handling, accidents and incidents, assessing risks, safe food handling.

#### **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 a safe and comfortable living environment for care recipients and has a number of large living areas available for care recipients and their visitors. Accommodation is in single rooms with ensuite bathrooms. There are key pad coded doors and lock up procedures in place. A preventative and corrective maintenance system ensures prioritisation and efficient maintenance buildings, plant and equipment. Care recipient safety is monitored and maintained through accident and incident reporting and regular environmental audits.

Care recipients say the home is a comfortable place to live and they enjoy living at 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

Management and staff implement systems to ensure a safe working environment that meets regulatory requirements and management is proactive in ensuring the health, safety and wellbeing of employees. A dedicated team from the corporate office supports the home in maintaining work health and safety systems. The results of environmental audits, incident and accident data, hazards and maintenance are reviewed and trended and reviewed by the manager and corporate staff. Policies and procedures and duty lists guide staff on safe work practices. Staff said they feel supported and safe working at the home.

#### **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. These include regular maintenance checks of fire-fighting equipment, alarms and systems by an external company. A disaster plan and emergency manual, ready reference flipcharts, keypad gates, keypad entry to the dementia unit, an emergency evacuation pack, wander alerts systems and external lighting are in place. Staff demonstrate an awareness of procedures and confirm compulsory fire training is attended. Fire-fighting equipment inspection and testing records are current and a current fire statement is on display. Care recipients and staff said that they feel safe and secure in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program in place. The program includes surveillance and reporting processes, waste management and a food safety program. Preventative measures include orientation and ongoing training, audits, competencies for staff and the provision of personal protective 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 main laundry has sanitisers incorporated in the supplied chemicals. An outbreak kit is available and emergency supplies are available on-site and sharps and other clinical 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

The home ensures hospitality services enhance the quality of life of care recipients and the working environment for staff. The home has a four week seasonal rotating menu with care recipient input into the menu through care recipient meetings and individual care recipient feedback. The home works to meet care recipients' individual requests as much as is possible. Care recipients/representatives said they are satisfied with the catering service provided. The cleaning system follows infection control guidelines including appropriate chemicals and use of colour coded equipment. A work plan is in place to ensure all areas of the home are cleaned regularly. Care recipients/representatives said they are satisfied with the cleaning program.

Care recipients/representatives say they are satisfied with the laundering system.