



**Australian Government**

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**Australian Aged Care Quality Agency**

**John Goodlet Manor**

RACS ID 1476  
615 Thirlmere Way  
PICTON NSW 2571

**Approved provider: RSL LifeCare 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 06 November 2017.

We made our decision on 19 September 2014.

The audit was conducted on 26 August 2014 to 27 August 2014. The assessment team's report is attached.

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

## **Most recent decision concerning performance against the Accreditation Standards**

### **Standard 1: Management systems, staffing and organisational development**

#### **Principle:**

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

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

## Standard 2: Health and personal care

### Principle:

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

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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**Australian Aged Care Quality Agency**

## **Audit Report**

**John Goodlet Manor 1476**

**Approved provider: RSL LifeCare Limited**

### **Introduction**

This is the report of a re-accreditation audit from 26 August 2014 to 27 August 2014 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 26 August 2014 to 27 August 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. 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 1997.

## Assessment team

<b>Team leader:</b>	Maggy Franklin
<b>Team member/s:</b>	Maria Toman

## Approved provider details

<b>Approved provider:</b>	RSL LifeCare Limited
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## Details of home

<b>Name of home:</b>	John Goodlet Manor
<b>RACS ID:</b>	1476

<b>Total number of allocated places:</b>	100
<b>Number of care recipients during audit:</b>	69
<b>Number of care recipients receiving high care during audit:</b>	69
<b>Special needs catered for:</b>	Secure dementia unit

<b>Street/PO Box:</b>	615 Thirlmere Way
<b>City/Town:</b>	PICTON
<b>State:</b>	NSW
<b>Postcode:</b>	2571
<b>Phone number:</b>	02 4683 6900
<b>Facsimile:</b>	02 4683 6910
<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
Executive general manager Southern region	1
Facility manager	1
Care manager	1
Registered nurses	3
Care and lifestyle staff	12
Physiotherapist and staff	2
External continence advisor and staff continence nurse	2
Pharmacist	1
Care recipients/representatives	11
Volunteers	1
Wound nurse	1
Catering staff	2
Laundry staff	1
Cleaning staff	1
Maintenance staff	1

### Sampled documents

Category	Number
Care recipients' files including progress notes and medical notes	7
Care plans including palliative care plans	7
Restraint and bed rail authorisation tools	6
Medication charts	15
Personnel files	6
Resident agreement	3

### Other documents reviewed

The team also reviewed:

- Accidents and incidents - documentation

- Admission pack, residential care recipient handbook
- Allied health referral and review documents
- Audits across the Standards
- Bushfire evacuation plan, emergency contingency plan
- Care recipients' information package and handbook
- Clinical care assessments including: sleep, oral and dental care, sensory loss, mobility, behaviour, continence, pain, palliation, and others. Clinical care documentation schedules.
- Comments, complaints forms and follow up documentation
- Compulsory reporting documentation
- Continuous improvement log
- Dietary preference lists, nutrition and hydration assessments, speech pathology and dietician reviews, daily meal preference lists, four week rotating menu. Oral care toothbrush rotation system documents.
- Education attendance sheet, calendar, evaluations, competencies
- Job descriptions and duty statements
- Lifestyle assessments, lifestyle care plans, lifestyle global reviews, monthly activity calendars
- Meeting minutes, memoranda, newsletter, surveys
- NSW food authority licence
- Orientation documentation
- Physiotherapy assessment and care plans, falls prevention brochure, good footwear brochure
- Planned maintenance schedule, maintenance request book
- Police check register and visa checks, professional registrations
- Policies and procedures
- Recruitment policies and procedures
- Roster and daily allocation sheets
- Schedule 8 medication drug books, medication management reviews, medication audit results, pharmacy supply agreement
- Special care day documents, clinical observations including weights, blood sugar levels, blood pressure, and other indicators.



- Staff information package and handbook, including confidentiality agreement
- Vaccination records
- Workplace health and safety inspection checklist

## **Observations**

The team observed the following:

- Activities in progress and activity schedule
- Equipment and supply storage areas
- Fire safety equipment and testing records, evacuation pack, documentation
- Handover between staff at the change of shift
- Hospitality services in operation
- Infection control documentation equipment and supplies
- Interactions between staff and care recipients, assistive devices provided for care recipient use at meal times, assistance provided to care recipients at meal times
- Living environment
- Noticeboards and brochures
- Storage of medications, including schedule 8 medications and administration of medications

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

John Goodlet Manor presented evidence there is a quality management system and the home is actively pursuing continuous improvement. The system is overseen at the home by the care manager and is linked to the corporate quality system. The system includes mechanisms for the collection, implementation, evaluation and feedback of continuous improvements to all stakeholders. Quality activities to monitor the four Accreditation Standards are being met include audits and surveys, analysis of statistics, actioning complaints and suggestions, management observations and maintenance requests. A consultative approach through avenues such as meetings and individual discussions ensures all stakeholders have the opportunity to be involved in improvements. Staff and care recipients /representatives receive feedback via meetings, computer messages, newsletters and education. Continuous improvement activities undertaken in relation to Accreditation Standard One include:

- Video conferencing has been set up for all RSL Lifecare homes. This enables all staff in the organisation to access the education program rolled out at the Narrabeen site. Further it has enabled staff to participate in meetings and education sessions from a wide variety of sessions and speakers.
- Consultation between the medical school at University of Western Sydney and the home has led to the placement of fifth year medical students. The students are attached to a local general practitioner practice who visits the residents at the home, and on each placement the students spend two days each week at the home. This collaboration has allowed students to understand the complexities of aged care and has assisted in prompt assessment and treatment of sick residents.
- Statistics from the third quarter of 2013 identified there was an unsatisfactory attendance at mandatory training. From February this year all staff were sent letters with date and time to attend and by the end of June 100% of staff had attended. A DVD containing all aspects of mandatory training has been developed by the organisation and issued to all homes. This is enabling consistency of education and makes the education more accessible to staff.

## 1.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The home’s management has systems to identify and ensure compliance with all legislation, regulatory requirements, professional standards and guidelines. The system involves the identification of changes via subscription to a peak industry body and other aged care and industry organisations, information provided from government bodies, accessing the internet and attendance at professional events. The information is reviewed by the organisation’s management team and changes sent to the home in the form of information or policy/procedure changes. Dissemination of the changes needed to maintain compliance is through meetings, notices, electronic messaging and education. Compliance with regulatory requirements is monitored through audits, surveys, competency assessments, and observations by management. Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard One include a system to ensure all staff and volunteers have up to date criminal record checks and staff attending mandatory education.

## 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

John Goodlet Manor has systems of recruitment, orientation and an ongoing education program that ensures staff have the knowledge and skills to perform their roles effectively. Training needs are identified from discussion with staff, audit results, observation of staff practices, changes in care recipient needs and if new equipment or processes are introduced. Topics range across the four Accreditation Standards and include internal and external sessions. We sighted staff attendance records including those in mandatory topics. Education sessions that staff and management attended in 2013/14 relating to Accreditation Standard One include change management and team building, accreditation and training for managers on the changes to the payroll system and financial management.

## 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

There are systems to ensure all care recipients or their representatives and other interested parties, have access to internal and external complaints’ mechanisms. Internal mechanisms include meetings, comments complaints and suggestions forms, a suggestion boxes, surveys, case conferences, letters and discussions with management. We noted information on the internal and external complaints’ mechanism was displayed at the home and described in

handbooks. Care recipients /representatives were aware of the complaints mechanisms and complaints were noted to be actioned and followed up with the complainant in a 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 home's vision and core values, philosophy, objective and quality statement are documented in the resident handbook. The vision and values are in the staff handbook and displayed in the foyer. Staff are introduced to the vision and values during orientation.

## **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 are systems to ensure sufficient, appropriately skilled and qualified staff are available to provide services in accordance with the Accreditation Standards and to support the home's philosophy and goals. The system involves determining and maintaining appropriate staff numbers based on care recipients' care needs, occupancy, the safety and welfare of staff, current industry standards and staff input. Staff numbers are being closely monitored and will be adjusted as the number of care recipients increased with the opening the new extension. Recruitment is organised primarily through the home with senior positions going through the human resources department at head office. The successful candidate then undergoes orientation and buddy shifts as needed. Staff are issued with handbooks, job specifications and there is continuing education, competencies and performance appraisals as needed. Staff are replaced as required from a list of casuals or part-time staff. A range of outside specialist services supplement staff skills. Care recipients /representatives interviewed stated staff are knowledgeable in their area of work and responsive to their needs.

## **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

Staff confirmed and we observed appropriate levels of stock and equipment to provide quality care and services to care recipients. Various staff have delegations in relation to ordering stock and said management is responsive to all reasonable requests. Stock and goods are checked on arrival and equipment is maintained through corrective and scheduled internal and external preventative maintenance programs. Equipment undergoes a trial prior to purchase if

appropriate and staff are educated on the use of new equipment. Equipment purchased recently includes two lifters, electronic beds which completes the conversion to this type of bed, new dining chairs and tables, outdoor settings and a specimen and drug fridge.

## **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

We confirmed the home has a range of effective information systems. Interviews with care recipients /representatives and staff indicated there is an efficient flow of information. Staff communication systems include meetings, policy and procedure manuals, information from Government departments, handbook, induction and training, noticeboards, intranet, handover, one-to-one discussions and a range of clinical documentation. A care recipient

/representative information system includes administration forms, handbook, residential care agreements, care recipients' meetings, case conferences and clinical records. We noted there is a system to ensure care recipient, staff and archived files are securely stored and destroyed appropriately. Computers are password protected and backed up.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

There are systems and procedures to assist management in the selection of external services that meet the home's needs and quality goals. We viewed up to date service agreements and associated documentation such as insurances and certificates of currency. Some contracts are arranged at head office as they are across the organisation and some are locally based. Management at the home monitors the standard of service. Contracts are reviewed as required and at the time of renewal. Care recipients /representatives and staff have opportunities to provide feedback and indicated satisfaction with the quality of external services provided to 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

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Two include:

- Due to the rural location and the absence of easily accessible specialist services Skype conferencing was introduced. This has led to timely consultation and treatment when the need was identified. The care recipient does not have to leave the home and staff and family are able to participate.
- Results of audits indicated skin tears were increasing. Research on possible causes was carried out and skin integrity was identified as a probable cause. Following consultation with staff, care recipients and families a trial of changes in showering regimes and an increase in alternative cleaning strategies was introduced. During the first month of the system there were no skin tears and a marked improvement was noted in skin integrity.
- As a result of an increase in falls a multi-disciplinary committee was formed to discuss falls risks and prevention. A pamphlet on prevention has been produced and a falls management month highlighting to care recipients and families falls' prevention measures.

### **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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. We observed the home has information available to staff on legislation and guidelines relating to health and personal care. Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Two are keeping professional registrations up to date and policies and procedures for unexplained resident absences.

## **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

For details of the home's systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education sessions staff and management attended in 2013/14 related to Accreditation Standard Two include staying hydrated, wound care, continence, preventing skin tears, palliative care and thickened fluids.

## **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 to ensure care recipients receive appropriate clinical care. Following assessment of clinical and lifestyle needs a care plan is developed. Registered nurses regularly review the care plan for congruency with care recipients' changing needs. Care staff receive regular updated information on care recipients' changing needs through verbal reporting at shift handover and through the care plan. Observations and interviews confirm staff are provided with appropriate information to deliver clinical care. Observations of staff practices confirm respect and dignity in the clinical care transaction. Interview with care recipients/representatives demonstrate satisfaction with clinical care in the home.

## **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

Specialised nursing care needs are an integral part of assessment and care planning for care recipients. The home engages registered nurses around the clock to identify, assess, and plan care to meet care recipients specialised nursing needs. For example, review of care documents and interview with staff confirms attention to diabetic needs, advanced wound care, catheter care, blood pressure management, percutaneous endoscopic gastrostomy feeding and management, and others. Interview with staff confirm registered nurses are the centralised point for reporting and assessing care recipient needs. Interview with registered nurses confirm attention to specialised nursing care needs. Observation of staff practices confirm attention to specialised nursing care needs. Interview with care recipients/representatives demonstrate satisfaction with specialised nursing in the home.

## 2.6 Other health and related services

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure care recipients are referred to appropriate health specialists. An assessment of care recipient health status is undertaken on entry to the home. Information from this assessment is then reviewed by registered nurses to evaluate the necessity and/or type of specialist service required. Review of documents and interview with staff confirms the home has access to various specialists such as: optometry, psycho-geriatrics, speech pathology, podiatrist and others. Review of care documents, interview with registered nurses and observation of staff practices confirms care recipients are referred to appropriate health specialists in accordance with their changing needs. Interview with care recipients/representatives demonstrate satisfaction with how care recipients are referred to appropriate health specialists.

## 2.7 Medication management

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure care recipients medication is managed safely and correctly. Medications are stored in lockable cupboards, behind security coded access doors. Schedule 8 medications are secured according to state regulations. Medications are administered by registered and endorsed enrolled nurses. Administration of medications is against a documented medication chart, written by the care recipients’ preferred medical officer. Pharmacy supply medications on a regular basis and are after hours as required.

Audits of the medication system are undertaken by the home and the pharmacy. Observation of medication administration confirms practices according to state regulations. Interview with care recipients/representatives demonstrate satisfaction with medication management in the home.

## 2.8 Pain management

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure all care recipients are as free as possible from pain. A detailed assessment of past pain, causes of pain, and pain levels is undertaken on entry to the home. Following assessment a care plan to manage the pain is developed. The management of pain is a team approach involving medications administered by registered nurses, pain assessment and review by registered nurses and care staff, exercise and muscle strengthening plans by the physiotherapist, and lifestyle activities suitable for the care recipient as assessed by the lifestyle staff. Review of documents confirms access to external specialists



as required to assist with pain management. Observation of staff practices shows consultation with care recipients about pain management. Interview with care recipients/representatives demonstrate satisfaction with the way the home effectively manages pain.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

Individual care recipient preferences and wishes regarding end of life care are recorded on the palliative care plan. Observation of staff providing care as per the palliative care plan confirms respect and dignity for the care recipient at this time. Review of care documents confirms review of care recipients’ changing needs. Interview with care recipients receiving palliative care demonstrate a high level of satisfaction with all aspects of care and lifestyle at this time.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure care recipients receive adequate nourishment and hydration. An assessment of dietary preferences, nutritional intake abilities and hydration status is completed on entry to the home. This information is then conveyed to catering staff for meal provision. Relevant information is utilised by staff to access external and allied health professionals as required. Review of documents confirms access to speech pathologists, dieticians and others to assist with nutrition and hydration. Observations confirm the use of assistive devices to support independence during meal consumption.

Interview with care recipients/representatives demonstrate satisfaction with nutrition and hydration in 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 systems to manage skin care effectively. An assessment of skin integrity and factors impacting on same are completed on entry to the home and on an ongoing basis as required. The home has equipment to assist with maintenance of skin integrity such as pressure relieving mattresses, cushions and other assistive devices. Review of documents shows access to relevant specialists for assessment and treatment of skin conditions. The corporate group wound management consultant is located within the home. This provides timely access to expertise on wound management. Interview with staff confirms education on appropriate strategies for maintaining skin integrity. Observation of clinical stores confirms

access to equipment for the maintenance of skin integrity. Interview with care recipients/representatives demonstrate satisfaction with skin integrity care provided by the home.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to effectively manage care recipients continence needs. An assessment of past and present continence requirements is undertaken on entry to the home. Following assessment an individual continence management program is documented and implemented. Review of documents confirms programs tailored to the needs of care recipients. Interview with staff and the continence advisor confirms staff receive regular education and training on implementing successful strategies to manage care recipients continence. Observation of storage areas confirms the home has suitable levels of linen and continence aids. Interview with care recipients/representatives demonstrate satisfaction with continence management in the home.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to effectively manage the needs of care recipients with challenging behaviours. An assessment of medical and psychosocial factors impacting on care recipients is completed on entry to the home. An assessment of current behaviours is completed for care recipients who demonstrate a need. The home utilises sensor mats to monitor unpredictable movements as part of this program. Following assessment the home has access to a number of specialists who may assist in this area. Review of care documents shows visits from psycho-geriatricians, psychologists, mental health teams, and others.

Interview with care staff and observations of staff interactions with care recipients confirm effective methodology for the appropriate management of behaviours. Interview with care recipients/representatives demonstrate satisfaction with how the home manages challenging behaviours.

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

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure care recipients optimum levels of mobility and dexterity are achieved. An assessment of care recipients functional mobility and dexterity needs are completed on entry to the home. The physiotherapist who undertakes this assessment then

completes an individual program tailored to meet the needs of the care recipient. This program is implemented by the physiotherapy staff and the care staff. Individual equipment is arranged for the needs of the care recipient. Observations confirm involvement of physiotherapy and care staff in maintaining mobility for care recipients. Interview with care recipients/representatives demonstrate satisfaction with how the home optimises mobility and dexterity.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure care recipients optimal oral and dental health is achieved and maintained. An assessment of care recipients’ oral and dental status and needs is completed on entry to the home. The home has access to visiting dental technicians and dentist to undertake further assessment and/or work as required. Review of documents confirms the access and utilisation of dental services for care recipients. The home provides texture modified meals and fluids consistent with care recipient assessed oral and dental needs. Interview with care recipients/representatives demonstrate satisfaction with oral and dental care provided by the home.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure care recipients sensory losses are identified and managed effectively. An assessment of care recipients’ sensory loss is completed on entry to the home; and on an ongoing basis as required. The assessment is utilised to access various allied health specialists to provide appropriate support for the care recipient. For example the home has access to dietician, speech pathologists, audiologists, optometrists, dental technicians and many others to assist with effective management of sensory loss. Review of documents confirms access to allied health services when the needs arises, demonstrated through a clinical assessment. Interview with care recipients/representatives demonstrate satisfaction with the way the home managed sensory loss.

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

The home ensures care recipients are able to achieve natural sleep patterns. An assessment of care recipients normal sleep pattern is undertaken. From this assessment an individual sleep management plan, including the number of pillows, blankets, preferred settling time and other items are included. Interview with staff confirms care recipient individual needs are

assessed and met. Interview with care recipients/representatives demonstrate satisfaction with provisions made to achieve natural sleep patterns.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Three include:

- Pet therapy has been a popular and beneficial activity at the home and it was decided to replace the periodic visits with the purchase of a dog. A suitable dog was found and feedback from care recipients has been very positive. The dog has a free run of the home and has its own care plan.
- Many care recipients have family who are unable to visit and improvements in technology have provided better opportunities for communication. An IPAD was purchased to take pictures and videos of care recipients enjoying activities and these can be emailed to families. The feedback has been very positive and care recipients also enjoy looking back on activities
- At the suggestion of a staff member new care recipients now receive a complimentary basket of toiletries on arrival in addition to a bunch of flowers. Feedback from one new care recipient was how welcome they felt.

### 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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. We observed the home has information available to staff on legislation and guidelines relating to resident lifestyle.

Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Three are staff signing confidentiality statements as part of their employment agreements, the home having a system for compulsory reporting in accordance with regulatory requirements and care recipients signing a resident agreement.

### 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

For details of the home's systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education sessions that staff and management attended in 2013/14 related to Accreditation Standard Three include dementia, privacy and dignity, grief and dying, what is ANZAC and compulsory reporting.

### 3.4 Emotional support

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

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

The home meets this expected outcome

The home has systems to ensure care recipients are supported in adjusting to life in the home and on an ongoing basis. Care recipients are invited to bring in items of personal importance. Observation of care recipients rooms and interview with care recipients demonstrate this has been positive in supporting care recipients with adjusting to life in the home. Lifestyle staff provide individual and small group activities tailored for the assessed needs of care recipients. The home has a large contingent of volunteers. All volunteers work with the lifestyle staff. Volunteers can assist with one to one daily needs of care recipients during the adjustment on entry to the home and on an ongoing basis. Interview with care recipients/representatives demonstrate satisfaction with emotional support provided in the home.

### 3.5 Independence

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

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

The home meets this expected outcome

Care recipients are provided many avenues through which to maintain their independence. The home has regular bus outings for care recipients. The local rotary club has participated in works on the historic church on site. This has provided an ongoing link for care recipients with the works of the rotary club outside the home, and the life of the church on site.

Interview with care recipients highlighted that many friendships have been ignited through participation in small group activities in the home. The home has a comprehensive physiotherapy program ensuring that care recipients physical health is not an impediment to their independence. Volunteers are also available to assist with one to one needs that promote independence. Interview with care recipients/representatives demonstrates satisfaction with opportunities to maintain maximum independence provided by the home.

### 3.6 Privacy and dignity

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

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

The home meets this expected outcome

The home has systems to maintain the privacy and dignity of care recipients. For example staff employed by the home are required to complete a confidentiality agreement. Care recipients are afforded privacy by the use of dividing curtains in, and doorways on entry to their rooms. Observations confirm staff greet care recipients with dignity. Observations confirm staff seek permission before entering care recipients' rooms. Review of documents confirms staff employed by the home receive education on privacy and dignity. Interview with care recipients/representatives demonstrates satisfaction with the level of privacy and dignity in 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

On entry to the home a global assessment of care recipients individual preferences regarding leisure activities is undertaken. This information is utilised to develop group, small group and individual activities relevant to individual care recipient. The documentation of care recipient preferences, and review of same, is available to relevant staff through the password protected electronic care planning system. The monthly activity plan is an overview of activities available to care recipients. Activities in place are reviewed through care recipient attendance levels and verbal feedback. Interview with care recipients/representatives demonstrate satisfaction with leisure 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

The home celebrates many culturally significant days, for example Anzac day and Australia Day. In addition to this, dependant on the specific cultural and spiritual needs of individual care recipients other relevant celebrations are held. Visiting spiritual practitioners visit the home, and additional visits can be arranged as required. Review of lifestyle documents and interview with staff confirm individual beliefs are fostered. Observations show the home has access to internal spaces and resources to support the celebration of cultural values.

Interview with care recipients/representatives demonstrates satisfaction with how the home meets their cultural and spiritual needs.

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

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

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

The home meets this expected outcome

Care recipients are invited to participate in decisions about life in the home through formal meetings, small group feedback with lifestyle staff, newsletters and direct communication with senior staff. Observations confirm care recipients are provided with relevant choices in respect of meals, activities and other day to day matters. Review of documents confirms information gathered from interviews and observations. Interview with care recipients/representatives confirms a process is in place to have any comment or complaint managed at the appropriate level.

### **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

There are processes to ensure all care recipients are provided with relevant information, contracts and agreements pertaining to security of tenure. For example during recent building renovations care recipients moved from their room of choice are returned to that room with the completion of building works. Review of documents demonstrates appropriate tools to support security of tenure. Interview with care recipients and observations of staff practices show the home provides support to maintain security of tenure.



## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Four include:

- A 32 bed extension to the home has just been completed and it is expected to commence the intake of care recipients with the next couple of weeks. The new section includes extensive open lounge/recreation areas with balconies and views over the countryside. It was noted rooms in the existing building needed to be revamped to match the new section. A programme of repairs and painting was undertaken and care recipients have commented positively on the look of the environment.
- The results of an audit indicated laundry procedures could be improved. Care recipient personal laundry bags were introduced along with a new system for laundering personal clothing. There has been a reduction in lost items and the workload of staff improved. An additional washing machine and dryer have also been purchased.
- An audit by the fire officer identified a significant number of staff were not able to identify the correct fire extinguisher for particular situations. The fire officer produced small flip cards with this information. These were distributed to staff who carry them with them so they have a quick reference in case of an emergency.

### 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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. We observed the home has information available to staff on legislation and guidelines relating to physical environment and safe systems such as on outbreak management. Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Four include displaying material safety data sheets (MSDS) near stored chemicals, the home having a food safety program and a licence from the NSW Food Authority.

#### **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

For details of the home's systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education sessions that staff and management attended in 2013/14 related to Accreditation Standard Four include, fire safety, infection control, food handling and manual 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

Systems and procedures have been established to guide management and staff in the provision of a safe and comfortable environment to meet care recipients' needs. The home has two levels of care recipient rooms including a dementia secure unit. There are several double rooms all others are single and all have ensuites. There are dining rooms, lounge areas and quiet areas on each level. There are landscaped outdoor areas and gardens with the secure unit having its own secure outdoor area. We noted the home to be clean, odour free, with well-maintained equipment and furniture and to be at a comfortable internal temperature. A range of environmental audits is carried out in addition to regular maintenance.

#### **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

John Goodlet Manor has a workplace health and safety (WHS) system in place that operates to provide a safe working and living environment that meets regulatory requirements. There is a trained WHS representative and WHS is an agenda item at meetings. The WHS representative is part of the regional and organisational WHS committees who regularly discuss relevant issues with information passed back to staff at the home. WHS forms part of orientation and ongoing education in such areas as manual handling and fire safety. Chemicals are securely locked away and MSDS and personal protective equipment are available. Equipment is maintained through corrective and scheduled internal and external preventative maintenance programs. We noted documentation relating to safe practices displayed and observed safe practices in operation.

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

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

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

The home meets this expected outcome

There is a range of systems, procedures and equipment in place to minimise fire, security and emergency risks. There is ongoing compulsory education of staff in fire safety procedures and staff interviewed were knowledgeable about fire safety systems at the home. We observed reports confirming equipment is regularly tested. Documentation relating to fire safety and other emergencies such as flip charts, evacuation plans and care recipient evacuation data is easily accessible and exit routes are clearly marked. The home has equipment such as sprinklers, smoke detectors, hydrants, hose reels and fire blankets. There are emergency and bush fire disaster and contingency plans and an evacuation pack. There is a security system in operation including key pads alarmed doors, a lock up procedure and a nurse call system.

#### **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

John Goodlet Manor has an effective infection control program. This includes staff induction, ongoing education and observation of staff practices, the availability of policies and procedures including information on outbreak management and outbreak stores. Infection data are collected, analysed and these and other infection control issues are discussed at various staff meetings. We noted infection control procedures such as colour coded equipment, personal protective equipment and monitoring of temperatures in use. Audits are undertaken, there are processes for the removal of contaminated waste and spills kits and sharps containers are available. Staff interviewed could describe the use of infection control precautions in their work such as the separation of clean and dirty areas in the laundry. Staff confirmed they had undertaken education in this area. There is a care recipient and staff vaccination program in operation.

#### **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

Care recipients /representatives interviewed were happy with the catering, cleaning and laundry services. Dietary information including special requirements and preferences is held in the kitchen and updated as required. Meals are fresh cooked on site with a four week rotating menu and care recipients have choices at meals. Mechanisms for feedback on catering and other hospitality services are available and include meetings, comment complaint forms and verbally with staff. There is an internal laundry operating seven days a week and cleaning is carried out by staff from the home. Infection control procedures ensure hospitality services are

provided in accordance with health and hygiene standards and staff were able to describe and demonstrate application of these procedures to their work.