



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Sir Joseph Banks Aged Care Facility**

RACS ID 0519  
31-33 Edgehill Avenue  
BOTANY NSW 2019

**Approved provider: Bisaxa Pty Ltd**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 30 September 2018.

We made our decision on 21 August 2015.

The audit was conducted on 14 July 2015 to 16 July 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

<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.

<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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Sir Joseph Banks Aged Care Facility 0519**

**Approved provider: Bisaxa Pty Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 14 July 2015 to 16 July 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

### **Assessment team's findings regarding performance against the Accreditation Standards**

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 14 July 2015 to 16 July 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three 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>	Margaret Williamson
<b>Team members:</b>	Anne Ivanson Daniel Mitroussidis

## Approved provider details

<b>Approved provider:</b>	Bisaxa Pty Ltd
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## Details of home

<b>Name of home:</b>	Sir Joseph Banks Aged Care Facility
<b>RACS ID:</b>	0519

<b>Total number of allocated places:</b>	170
<b>Number of care recipients during audit:</b>	165
<b>Number of care recipients receiving high care during audit:</b>	165
<b>Special needs catered for:</b>	N/A

<b>Street/PO Box:</b>	31-33 Edgehill Avenue
<b>City/Town:</b>	BOTANY
<b>State:</b>	NSW
<b>Postcode:</b>	2019
<b>Phone number:</b>	02 9316 9544
<b>Facsimile:</b>	02 9316 9545
<b>E-mail address:</b>	<a href="mailto:sjbnh@bigpond.net.au">sjbnh@bigpond.net.au</a>

## Audit trail

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

### Interviews

Category	Number
Director of nursing	1
Deputy director of nursing	1
Assistant directors of nursing	4
Registered nurses	3
Care staff	10
Administration assistant	3
Catering staff	7
Physiotherapy aides	3
Care recipients/representatives	26
Recreational activity officers	6
Workplace student nurse	1
Physiotherapist	1
Laundry staff	4
Cleaning staff	4
Maintenance staff	1
Educator	1

### Sampled documents

Category	Number
Care recipients' files	18
Care recipient agreements	9
Recreation/diversional care plans (including assessments and care recipient profiles)	16
Medication charts	18
Personnel files	5
Wound charts	9

## Other documents reviewed

The team also reviewed:

- Accident/incident reports, monthly indicator reports and trend analysis reports
- Clinical care documentation including residents' weight documentation, behaviour monitoring charts, pain monitoring charts and blood glucose monitoring
- Comments and complaints register
- Complex care information including diabetic care documentation and catheter management documentation
- Continuous improvement: continuous improvement plan, audits and reports, staff satisfaction survey, care recipient satisfaction survey
- Education: competency assessments education calendars, education records, staff development analysis, compulsory training register
- Fire security and other emergencies: fire safety equipment service records, audits, fire panel monitoring records, emergency plan and resident evacuation information and identification
- Food safety program: manuals, NSW food authority licence, change in diet sheets, temperature records, cleaning logs, menu
- Hospitality: cleaning, laundry and catering schedules
- Human resource management including staff handbook, visa status, position descriptions, duties lists, signed code of conduct and confidentiality of information statements, performance appraisals, rosters, orientation lists
- Infection control information including manual, outbreak management information, monthly infection control reports and trend analysis, pest control reports, vaccination records for residents and staff
- Information systems including organisational chart, strategic plan, policies and procedures, flowcharts, meeting schedule, agendas and meeting minutes, newsletters, memoranda, surveys
- Inventory and equipment including maintenance request books, planned preventative maintenance schedule, equipment service reports, electrical testing and tagging, repair and maintenance register, asset register, purchase requisitions, contracts and service agreements, approved contractor register, ordering and delivery processes
- Maintenance: daily, preventive, essential service manuals
- Medication management documentation including drugs of addiction register, medication care plans, medication incidents
- Minutes of meetings
- Organisational structure: vision and values, codes of behaviour and certificates of appreciation

- Physiotherapy documentation including residents' physiotherapy assessments, care plans, manual handling guides
- Recreational activity manuals, activity program and calendar, activities attendance records, activities evaluations
- Regulatory compliance: reaccreditation self-assessment, compulsory reporting register, police certificate registers and audits- staff, volunteers, staff registrations, contractors/suppliers registrations
- Restraint authorisation forms
- Security of tenure:-Care recipient admission pack, residential care agreement, care recipient handbook
- Visitors, residents, volunteers and contractors - sign in and out books
- Workplace, health and safety (WH&S) information including environmental audits, workplace inspections, hazard identification and risk assessments

## Observations

The team observed the following:

- Activities in progress , activities calendar on display and activity resources including photographic record of activities and celebrations, care recipient newsletters
- Agency reaccreditation audit notices on display
- Charter of Care recipients' Rights and Responsibilities on display
- Cleaning in progress, trolleys and supplies, wet floor signage in use; laundry practices
- Clinical stores and continence aids
- Equipment and supplies in use and in storage such as lifting equipment, manual handling aids, mobility equipment and pressure relieving aids
- Fire-fighting equipment, fire indicator panel, sprinkler system, fire evacuation diagrams, evacuation egresses unobstructed, emergency evacuation packs
- Infection control items, including hand wash stations, hand sanitiser dispensers around the home, infection control flip charts, general and contaminated waste disposal systems, colour coded cleaning equipment, equipment sanitisers, sharps containers, personal protective equipment, outbreak kit and spills kits
- Interactions between staff, care recipients and representatives
- Internal and external comments/complaints forms, suggestion box
- Living environment - internal and external
- Meal service including staff assistance and supervision, morning, afternoon tea and additional fluid rounds

- Medication administration, storage of medications, medication trolleys
- Mission and values statements on display
- Noticeboards and posters, brochures and forms displayed for residents
- Secure storage of resident information
- Security systems, visitors sign in book
- Short group observation
- Staff work areas and staff practices
- Storage of chemicals and oxygen, material safety data sheets (MSDS) at point of use

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome.

The home has a continuous improvement system to pursue continuous improvement opportunities across all four Accreditation Standards. Areas of improvement are identified through staff, management and care recipient/representative meetings, surveys, the complaints process, reporting of incidents and accidents, results of audits, clinical data, observation and verbal feedback. Strategies are developed, documented and monitored to ensure satisfactory outcomes are achieved. Staff and care recipients/representatives are able to contribute to suggestions for improvement by approaching senior staff, attending meetings and completing comments/complaints forms and surveys. Interviews with care recipients and their representatives and staff confirmed their satisfaction with management's response to feedback they provide and to the improvements which have occurred.

Improvement initiatives implemented by the home in the past 12 months in relation to Standard 1 - Management systems, staffing and organisational development include:

- Management reviewed handover processes and introduced an AIN (assistant in nursing) reporting sheet for each shift to ensure continuity of care. Care staff say this results in clearer information being available regarding care recipients.
- Additional external services such as speech pathologist, hearing, optical and dental clinics have been introduced. This has assisted in meeting the needs of care recipients by ensuring that their assessments/treatments occur in a timely manner.

#### 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.

There are systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home receives information from

government departments, is a member of an industry peak body and subscribes to industry related services which provide ongoing information about industry issues and regulatory changes. Staff are informed of regulations, professional standards and guidelines at orientation, in the staff handbook and at yearly mandatory education sessions. Updated information is communicated at staff meetings, handover, staff memoranda and during education sessions. Key senior staff ensure that policies, procedures and forms are current. Monitoring of compliance includes staff competency assessments, observation of staff practices, annual performance appraisals and planned internal audits. Examples of compliance to Standard 1 - Management systems, staffing and organisational development include:

- Systems and processes are in place to ensure all staff, contractors and volunteers have current criminal history checks and statutory declarations as appropriate.
- The provision of information to care recipients and stakeholders about internal and external complaint mechanisms

### **1.3 Education and staff development:**

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

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

The home meets this expected outcome.

There are systems in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Competency assessments are conducted at orientation and are ongoing annually and as required to monitor staff practices. Annual training calendars are developed based on mandatory training requirements; staff development needs as identified through the performance appraisal process, feedback from management and outcomes of education skills analysis. Other training is developed in response to care recipients' needs, legislative changes and audit results. Staff participation in education is recorded. Staff interviewed report they have access to education on a regular basis. Care recipients/representatives say they believe staff have sufficient skills to provide appropriate care for their needs.

Education and training provided in relation to Standard 1 includes: orientation training, elder abuse, workplace bullying, aged care funding instrument (ACFI) and human resources policies.

### **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

Care recipients/representatives and other interested parties have access to internal and external complaint mechanisms, which are receptive to their needs. The home provides information on the internal and external complaint mechanisms through internal documents such as the resident handbook and other documents such as pamphlets and posters. The home has established procedures to investigate and respond to complaints when they are received and to ensure confidentiality is preserved. Management use a register to log

complaints and all records are stored confidentially. Care recipients/representatives are satisfied with the access to complaint mechanisms and with the response when a complaint is made.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The organisation has vision, mission, and values statements that are documented and displayed throughout the site. The commitment to quality is reflected in these statements. The commitment to quality has also been documented in policy and procedure documents pertaining to quality management.

### **1.6 Human resource management**

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

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

The home meets this expected outcome

The home has processes to ensure there are appropriately skilled and sufficient staff employed to meet the needs of care recipients. Position descriptions define staff qualifications and roles and responsibilities required to undertake specified roles. There is a process for the recruitment, selection and orientation of new staff. Staffing levels and skills are monitored through staff and care recipient feedback and annual performance appraisals. The education program provides staff with the opportunity to increase their knowledge and skills relevant to their areas of work. Staff advised of support provided by management. Care recipients/representatives are satisfied staff have appropriate skills and knowledge.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home has processes to ensure that appropriate stocks of goods and equipment are available at all times. Results of interviews, observations, document review show maintenance of appropriate stocks of goods and equipment including medical supplies and equipment, food, furniture and linen is achieved. This is managed through processes for purchasing, inventory control, assets management and maintenance. There is a system for daily maintenance requests and preventative maintenance, with staff, representatives and care recipients reporting that they are happy with the maintenance work. All items are stored appropriately.

## 1.8 Information systems

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

### **Team's findings**

The home meets this expected outcome

The home has effective information management systems. Care recipients/representatives are provided with a range of information prior to entry including a residential care service agreement and handbook. Ongoing information is provided by newsletters, letters, emails, notices and at meetings. Clinical care documentation shows consultation with residents and representatives occurs. The organisation's information technology systems, documentation and publications ensure management and staff have access to current policies, procedures and information relevant to their role in the home. Orientation of new staff, a staff handbook, and information on noticeboards, memoranda, handover, communication books, education and meetings are mechanisms utilised to ensure current information is available for staff.

Electronic information is backed up off-site, password protected and with access appropriate to position. There are systems for archiving and documentation destruction to ensure the confidentiality of resident information. Management monitors the effectiveness of the information system through meetings, audits, surveys and verbal feedback. Staff are satisfied that they are provided with all information required and they are consulted in relation to issues which affect them and their work practices.

## 1.9 External services

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

### **Team's findings**

The home meets this expected outcome

The home negotiates all contracts and agreements with external suppliers. The quality of services supplied by external contractors is monitored via feedback from staff and care recipients, usually through informal discussions or during staff meetings. Terms and conditions and expectations about quality service are detailed in service agreements. Review of the agreements is done either formally or informally and is conducted once agreements have expired or when management decides to review the service. Management and staff reported that products and services from external suppliers meet their needs and those of the home.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome.

Refer to expected outcome 1.1 Continuous improvement for a description of the overall system of continuous improvement. In relation to Standard 2 – Health and personal care audits are completed and clinical indicators recorded and benchmarked. Some examples of improvements over the past year include:

- Management reviewed the administrative instructions section of the medication identification chart. The form was redesigned to include prompts for staff administering medications, requiring staff only to tick the necessary box. Prompts include whether the medication is cut, crushed or given whole, whether it is mixed with food and also if the resident requires additional time to take. Feedback from nursing staff is that the form is more concise, is easy to read and understand and has reduced the potential for error.
- As the result of feedback from care recipients and staff a new thickening agent has been introduced. This thickener is premixed in liquid form and is tasteless. The new thickener is able to be used with hot beverages such as tea and coffee, as well as one particular medication, administered mixed with water, previously difficult to thicken. Care recipients state they are satisfied with the improvement as drinking fluids is much more enjoyable.
- The wound chart was amended to provide a more comprehensive assessment and regular evaluation. The assessment form now identified the cause of the wound, and for pressure areas a description of the stage of identification. A separate wound evaluation sheet is in place and is completed weekly by the registered nurse. Nursing staff report the new form is more effective as it clearly identifies progress to healing.

## 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.

Refer to expected outcome 1.2 for a description of the overall system related to this expected outcome.

Examples of regulatory compliance with Standard 2 – Health and personal care include:

- The home monitors professional registrations of professional staff working in the home.
- Medication storage and medication administration practices of staff are monitored for compliance.

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome.

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors results to ensure staff have the appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to health and personal care. Some of the topics include: falls prevention, infection control, palliative care, managing challenging behaviours, administering cytotoxic medication, thickened fluids, hydration, personal care and wound management and documentation. The registered nurses have completed competency assessments on medication management and administration.

## 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 a system to assess, document and review care needs. Assessments are completed on entry and a plan of care developed. Clinical reassessments and care plans are reviewed regularly and if a care recipient’s condition or care needs change. Health monitoring is undertaken on a monthly basis or more often if required including measurement of weight and general observations. Clinical performance is monitored through regular audits and review of quality indicators and there is a system for recording and reviewing accidents and incidents. Care staff are provided with current clinical care information through the handover processes, communication diaries, progress notes and care plans. Care staff demonstrate a sound knowledge of individual care recipient’s needs. Care recipients/representatives expressed satisfaction with the timely and appropriate assistance given by care staff.

## **2.5 Specialised nursing care needs**

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

### **Team’s findings**

The home meets this expected outcome

The home ensures care recipient’s specialised nursing needs are identified and met by suitably qualified staff or specialists. Registered nurses, on duty 24 hours a day seven days a week, assess the need for specialised nursing care and undertake any specialised nursing treatments. Clinical specialists are consulted and utilised for provision of information and training such as for behaviour management and palliative care. The staff say they have the appropriate skills, resources, equipment and support from management to provide specialised nursing care for care recipients.

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

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

### **Team’s findings**

The home meets this expected outcome

Care recipients are assisted to access external medical specialists and allied health professionals. Referrals are arranged to specialists some of whom visit the home including a physiotherapist, geriatrician, podiatrist and dietician. Care plans and progress notes are reflective of specialist recommendations and ongoing care interventions. Care recipients have pathology testing when ordered by their medical officer including checks for therapeutic medication levels. Care recipients/representatives confirmed referral to specialists is undertaken and that they are provided with assistance to access them if needed.

## **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

There are systems and processes to ensure care recipients’ medication is managed safely and correctly. The home uses a pre-packed system of medications supplied by the pharmacy. We observed an effective medication dispensing process, safe storage and appropriately qualified staff to administer medications. Observation identified staff undertook to administer medications safely and correctly. Audits of the medication system are undertaken to ensure safe and correct administration and a medication advisory committee meets regularly. There is a medication incident reporting system and staff are aware of when and how to use it. Care recipients/representatives say they are satisfied with the way medications are being managed.

## 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 a system for assessing, monitoring and treating care recipients’ pain, when entering the home and as needed. All care recipients are assessed to identify their pain history and presence of pain. Interventions to minimise and manage pain levels are documented in the care plan and provided by staff. A multidisciplinary approach involving nursing and physiotherapy supports a care recipient’s pain management program. Staff are knowledgeable about the many ways of identifying care recipients who are experiencing pain. Pain management strategies include regular repositioning, the administration of pain relieving medications, gentle exercises, heat therapy and massage. Registered nurse coverage 24 hours a day seven days a week enables review of care recipients at all hours and pain relieving medications are available. Care recipients say the care provided at the home relieves their pain or it is managed so they are comfortable.

## 2.9 Palliative care

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure that all care recipients palliative care is managed effectively and sensitively. The home has access to the local palliative care team who will liaise with the home, the family and the medical practitioner if necessary. End of life wishes are discussed with care recipients and representatives as appropriate. Staff were able to describe a range of additional comfort measures such as air mattresses and oral hygiene swabs, that may be used during end of life care. Care recipients are supported to remain at the home while staff are able to meet their needs and representatives are made comfortable if they choose to stay. Cultural and spiritual support may be arranged by choice.

## 2.10 Nutrition and hydration

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

### **Team’s findings**

The home meets this expected outcome

There are systems and procedures to ensure care recipients receive adequate nutrition and hydration. All care recipients are assessed in relation to their ability to eat and drink, any assistance they require and special needs which are included in care planning. Care recipient information includes food likes and dislikes, specialised equipment required, cultural needs, special diets and food allergies. Weights are recorded monthly and there is a system of referral to the dietician. Nutritional supplements, thickened fluids and textured foods are available. Care recipients were observed being served and assisted with meals and drinks and staff could discuss individual nutritional and hydration requirements. Care recipients say they like the meals and there is always plenty to eat.

## 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 assess and monitor care recipients’ skin integrity. Assessments are completed on admission and care recipients’ skin integrity is monitored by the staff on an ongoing basis. The home has equipment to minimise the risk of skin trauma for care recipients such as air flow mattresses and manual handling equipment. A hairdresser and a podiatrist visit the home on a regular basis. Wound care is undertaken by the registered nurses and includes assessment, treatment plans and evaluation to healing with photographs of complex wounds. Interviews with staff demonstrated they know how to assist care recipients to care for their skin and they record skin irregularities and report incidents.

Care recipients say they are satisfied with the manner in which skin care is attended.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

There is an effective system to ensure care recipients’ continence needs are managed effectively. Care recipients are assessed on admission and on an ongoing basis by care staff and a plan of care developed. Bowel management programs include daily monitoring, regular fluid intake and fresh fruit. The effectiveness of continence and bowel management programs is monitored on a daily basis by staff who report any changes. Staff confirmed there are adequate supplies of continence aids available. Urinary tract infections are monitored. During the visit, all areas of the home were free of odour. Care recipients say they are happy with the assistance received in managing their continence needs.

## 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

There are appropriate policies, procedures and interventions to ensure the needs of care recipients with challenging behaviours are managed effectively. Behaviour assessments, consultation and monitoring of behaviour identify triggers and successful interventions which are included in behaviour management plans. Consultations are arranged with and dementia specialists as required. Staff could discuss individual care recipients, any triggers for behaviours and strategies used to manage these behaviours. Observation of care recipient and staff interaction shows a patient and gentle approach to behaviour management. Care recipients/representatives say the needs of individuals with challenging behaviour 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 can demonstrate that a level of mobility and dexterity is achieved for care recipients. Clinical assessments on admission identify the assistance required by care recipients for transferring and mobility. A physiotherapist assesses new care recipients, reviews those whose condition has changed and provides treatments such as massage and exercise. The physiotherapy aides assist to implement the individual programs. Assistive devices such as walking aids, mechanical lifters and wheelchairs are available. All activities through the day are seen as opportunities to maintain care recipient function including walking to the toilet and meals. Staff were able to discuss individual care recipients needs and were seen to be assisting care recipients mobilise within the facility. Care recipients say they are satisfied with the program and assistance they receive from staff.

## **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. This includes initial and ongoing assessment of individual oral and dental needs. Staff assist care recipients to maintain their oral and dental routine including set up assistance, and soaking of dentures according to individual preference. Texture modified diets are available for those care recipients who experience difficulty chewing food. Mouth swabs are available and used when required especially during palliative care. A dental service visits the home to provide assessment and some treatments. Care recipients say they are satisfied with the assistance given in managing their oral and dental care.

## **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 admission data base completed when care recipients first arrive at the home includes identification of any sensory impairments including those related to hearing vision and communication. Staff provide interventions including assistance to clean glasses as well as hearing aid placement and battery changes. Various techniques are utilised to support care recipients with sensory loss including good lighting and large screen televisions. The activity program also supports and assists care recipients with sensory deficits. There is evidence of referral to allied health professionals such as optometrists and audiologists. Care recipients say they are happy with the assistance from staff in managing any assistive aids.

## **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 assists care recipients to maintain their natural sleep patterns. Clinical assessments and sleep pattern monitoring along with consultation with care recipients/representative provides information for care planning. Care recipients who are unable to sleep are offered a warm drink, or a snack, to help them settle. Medications to assist with sleeping are prescribed at the discretion of the care recipient’s medical officer. The home ensures care recipients who are accommodated in shared rooms are able to achieve natural sleep patterns by the use of bed screens and effective management of all care recipients in the shared room. Care recipients say the home is quiet at night and they are able to achieve restful sleep.

## 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 a description of the overall system of continuous improvement which exists at the home. In relation to Standards 3 - Care recipient lifestyle, care recipient and representative meetings, surveys and feedback about lifestyle and activities contribute to suggestions for improvement. Some examples of recent improvements include:

- Feedback from care recipients indicated the bus trips were not interesting as they did not go anywhere specific. Suggestions were sought from care recipients and based on this feedback two new trips were introduced, a fishing trip and an outing to a local club. Positive feedback has been received as care recipients appreciate they can still participate in an activity they enjoy. The trips are now part of the activity calendar and further feedback is being sought as to other trips that can be included on the calendar.
- To assist care recipients who are living with dementia maintain their daily independence, sensory activity mats have been introduced. These mats assist care recipients to remember how to undertake tasks of daily living such as buttoning skills, using zips, tying shoe laces and using Velcro which will assist in their continued independence. Staff report that the mats are also assisting with care recipient’s sensory stimulation.
- Lifestyle staff introduced makeup pampering activities and foot spas for care recipients. Feedback from care recipients is that they look forward to these activities.

### 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.

Refer to expected outcome 1.2 for a description of the overall system related to this expected outcome.

Examples of regulatory compliance with Standard 3- Care recipient lifestyle include:

- The Charter of care recipients’ rights and responsibilities is included in documents which are provided to all care recipients.
- There is a system of compulsory reporting in accordance with regulatory requirements.

### 3.3 Education and staff development

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

#### **Team’s findings**

The home meets this expected outcome.

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors results to ensure staff have the appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to resident lifestyle. Some of the topics include: communicating with care recipients, confidentiality training, elder abuse, care recipients’ rights and managing challenging behaviours.

### 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 each care recipient is supported adjusting to life when they enter the home and on an ongoing basis. Care staff and recreational activity officers spend one on one time with care recipients during their settling in period and thereafter according to the care recipient’s needs. The entry process includes gathering information from care recipients and their representatives to identify care recipients existing care and lifestyle preferences and monitoring care recipients emotional status. Ongoing emotional needs are identified through assessments, family involvement in care and one to one support. Pastoral care activities are conducted on a regular basis. Care recipients are encouraged to personalise their living area. Care recipients and their representatives interviewed say they are satisfied with the level of emotional support given to them when they entered the home and on an ongoing basis.

### **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 encouraged and assisted to maintain maximum independence, friendships and participate in all aspects of life within and outside the home. There are a range of general and individual strategies to promote independence including mobility programs and activities, and mobility equipment for care recipient use. Entertainment, volunteers and community visitors are encouraged and regularly attend the home. Care recipients and their representatives are encouraged to participate in the activities in the home. Staff practice, documentation and care recipient/representative feedback confirms that care recipients are encouraged to maintain their independence.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome.

The home has systems to ensure care recipients' privacy and dignity is respected in accordance with their individual needs. Care recipients' individual cultural and spiritual needs are identified via an assessment process. Information relating to privacy, dignity and confidentiality is contained in staff and resident handbooks. Staff education promotes privacy and dignity and all staff sign a confidentiality agreement. Permission is sought from care recipients/representatives for the disclosure of personal or clinical information. Care recipients care is managed so that their privacy and dignity is not compromised by the use of privacy screening and the provision of lockable storage. Care recipients' records were stored securely and staff handovers are discussed privately. Observations confirm that staff address care recipients in a respectful manner and were observed to knock on doors before entering and placing a 'nursing care in progress' sign on the door when assisting care recipients. Care recipients/representatives are satisfied with how privacy and dignity are 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 demonstrates that care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Care recipients' interests, needs and preferences are assessed on entry to the home and on an ongoing basis. The home has an extensive program of activities covering seven days which includes bus trips, entertainers, daily exercises, craft, bingo, foot spars/pedicures and cultural celebrations. Care recipients and their representatives are encouraged to provide feedback on the programs and programs

are evaluated to ensure they meet the ongoing needs of care recipients. Regular newsletters are provided to care recipients and their representatives, regular care recipient/representative meetings are held and the activity program is displayed on noticeboards. Care recipients are given a choice of whether or not to participate in activities. The results of interviews, documentation reviews and observations confirm that care recipients and their representatives are very satisfied with the activities provided at the home.

### **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 demonstrates that care recipients individual interests, customs, beliefs and cultural and ethnic background are recognised and valued. Cultural and spiritual needs are assessed on entry to the home. Regular church services are conducted by ministers of various religious denominations. Care recipients and their representatives are encouraged to maintain cultural and spiritual links to the community. Significant celebrations are held which include appropriate food, music, and national dress. Culturally significant events such as

Christmas, Christmas in July, Mothers' day, Fathers' day, Easter, Australia day, Anzac day and Chinese New Year are celebrated. Care recipients' birthdays are also celebrated where care recipients have agreed to do so. Care recipients and their representatives report they are satisfied with the cultural and spiritual life offered at 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/representative participates in decisions about the services of the home and is able to exercise choice and control over lifestyle through consultation around care recipients' individual needs and preferences. Management demonstrates an open door policy resulting in continuous, timely interactions with staff and care recipients/representatives. Care recipient/representative surveys and meetings occur regularly to enable discussion and feedback about services provided at the home. Care recipients and their representatives state they are satisfied with the level of choice and decision making offered.

### **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 is able to demonstrate that care recipients have secure tenure within the home and understand their rights and responsibilities. The manager and administration staff discuss relevant information about security of tenure, care provided, fees and services and care recipients rights with care recipients and/or their representative prior to entering the home. Care recipients and their representatives receive a handbook and residential agreement which outline the accommodation, care recipient rights and complaint resolution process. A copy of specified care and services is included in the new residents information pack. Ongoing communication occurs through resident/representative meetings, individual meetings and notices. Care recipients and their representatives state they are aware of their rights and responsibilities and 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.

Refer to expected outcome 1.1 Continuous improvement for a description of the overall system of continuous improvement which exists at the home. In relation to Standard 4 - Physical environment and safe systems, improvements are initiated as a result of internal and external audits, infection surveillance, staff and care recipient/representative feedback. Some examples of recent improvements include:

- As the result of a workplace inspection the ventilation was improved for communal bathrooms as care recipients and staff had complained about the humidity, steam and odour when in these bathrooms. Care recipients and staff report that ventilation is now greatly improved.
- An infection control audit identified that there were insufficient laundry skip bins as it was noted that staff were carrying soiled linen which was transferring onto their clothes. 12 new skips were purchased and placed at readily accessible locations for staff to take with them when changing linen. This provides a safer working environment for staff and staff have given positive feedback about the changes.
- A bed refurbishing program is continuing with new beds being purchased and new air mattresses being purchased and installed. Staff have received training on how to use the new equipment.
- A sprinkler system has been installed to comply with fire safety requirements.

## 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.

Refer to expected outcome 1.2 Regulatory compliance for a description of the overall system related to this expected outcome.

Examples of regulatory compliance with Standard 4- Environment and safe systems include:

- Annual compulsory education is provided for fire safety and a current fire safety statement meets regulatory requirements.
- A food safety program and a current NSW Food Authority license for vulnerable persons are held.

## 4.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome.

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors results to ensure staff have the appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to Standard 4 - Physical environment and safe systems. Some topics include: food safety handling, work health and safety, manual handling, fire evacuation, chemical handling, infection control and outbreak management.

Hand washing competencies were completed.

## 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

Environmental audits are used to monitor safety and comfort. Care recipients are accommodated on two levels in a combination of single rooms, two-bed rooms, three-bed rooms, four-bed rooms and share shower and toilet facilities. Care recipients’ personal space allows for some personal belongings and mementos. There are communal dining areas and lounges along with smaller sitting areas. There is a system of corrective and preventative maintenance. The team noted the home to be clean, odour free, a comfortable temperature, with a well-maintained courtyard, equipment and furniture. Care recipients/representatives are

satisfied with the safety and comfort of the living environment including care recipients' rooms and communal areas.

#### **4.5 Occupational health and safety**

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

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

The home meets this expected outcome

The home demonstrates they provide a safe working environment for care recipients, staff and visitors. A safe practice and environment committee meets on a regular basis to discuss workplace and environmental issues and/or concerns. Hazard reporting processes and environment monitoring occurs and records shows management are responsive to identified hazards. Manual handling education is provided to staff annually and the individual responsibility to ensure a safe working environment is discussed with new staff on employment. Policies, procedures and regulatory guidelines were observed to be accessible to staff and staff said they are satisfied with the home's approach to work health and safety. Staff incidents are documented, investigated and monitored. Staff interviewed said management responds appropriately to staff injuries.

#### **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

Staff are aware of fire safety and other emergency procedures. There are emergency procedure manuals and standard fire orders displayed throughout the building. The home conducts fire safety and other emergency training. Where areas of improvement are identified, they are discussed during staff meetings and further training is provided as needed. Fire equipment is regularly maintained by external contractors and its location is marked clearly, with exit points and fire doors identified. Evacuation lists are accessible to staff which include details of care recipients' mobility status. Chemicals are stored appropriately in locked areas. Current material safety data sheets are easily accessible by staff in chemical storage areas.

#### **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 infection control policy and program. Preventative measures include annual mandatory infection control education and hand washing competencies for all staff, easy access to hand sanitising equipment and a care recipients'/staff vaccination program. Catering staff comply with food safety guidelines and cleaning staff use a system of coloured cloths and mops to ensure infection prevention. Outbreak management information and resources are available to staff. The home maintains a waste management system and a pest control program. Results of infection control audits and clinical indicators are discussed at meetings.

Staff demonstrated a knowledge of infection control and how to minimise the risk of infection spread in their work areas.

#### **4.8 Catering, cleaning and laundry services**

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

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

The home meets this expected outcome

The home has systems and processes to enable the provision of hospitality services that enhances care recipients' quality of life. Main meals are prepared by the home ensuring appropriate food temperatures are maintained. Management continues to monitor catering for service and care recipient choice. A seasonal menu, with input from a dietitian, acknowledges each care recipient's preferences, likes and dislikes and other dietary and modified dietary needs and considerations. There is monitoring of food, refrigerator and freezer temperatures. Cleaning routines and schedules are in place to guide cleaning of the home's internal and external areas. Personal clothing and linen items are laundered at the home. Workflow and infection control policies and practices are adhered to. Staff said they have access to work schedules and policies and procedures that guide their practice. Care recipients/representatives expressed satisfaction with the catering, cleaning and laundry services provided by the home.