



Australian Government

Australian Aged Care Quality Agency

Sir Thomas Mitchell Residential Care Facility

RACS ID 0504
351 Fowler Road
ILLAWONG NSW 2234

Approved provider: Farad Nominees 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 22 May 2019.

We made our decision on 07 April 2016.

The audit was conducted on 08 March 2016 to 10 March 2016. 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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Standard 2: Health and personal care

Principle:

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.

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: Care recipient lifestyle

Principle:

Care recipients 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 Care recipient security of tenure and responsibilities	Met

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.

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



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Audit Report

Sir Thomas Mitchell Residential Care Facility 0504

Approved provider: Farad Nominees Pty Ltd

Introduction

This is the report of a re-accreditation audit from 08 March 2016 to 10 March 2016 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 08 March 2016 to 10 March 2016.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Wendy Ommensen
Team member:	Jennifer Morrow

Approved provider details

Approved provider:	Farad Nominees Pty Ltd
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Details of home

Name of home:	Sir Thomas Mitchell Residential Care Facility
RACS ID:	0504

Total number of allocated places:	125
Number of care recipients during audit:	106
Number of care recipients receiving high care during audit:	106
Special needs catered for:	Dementia care – 53 places

Street/PO Box:	351 Fowler Road
City/Town:	ILLAWONG
State:	NSW
Postcode:	2234
Phone number:	02 9543 7333
Facsimile:	02 9543 4444
E-mail address:	donstm@tpg.com.au

Audit trail

The assessment team spent 3 days on site and gathered information from the following:

Interviews

Category	Number
Director of Nursing	1
Deputy director of nursing	1
Assistant director of nursing	2
Continuous improvement coordinator	1
Resource and medical records manager	1
Registered nurses	4
Care staff	18
Physiotherapist	1
Physiotherapy aides	2
General practitioner	1
Care recipients/representatives	20
Recreational activities' Coordinator	1
Recreational activities' staff	2
Chef	1
Catering staff	5
Laundry staff	2
Cleaning staff	2
Maintenance staff	1
Feldenkrais therapist	1

Sampled documents

Category	Number
Care recipients' files	11
Summary/quick reference care plans	10
Consent to collect, use and disclose personal information of residents for purposes of providing care	7
Consent to participate in bus outings	6
Medication charts	14
Personnel files	5
Residential care agreements	6
Orientation and in service booklets	6

Other documents reviewed

The team also reviewed:

- Audit schedule, internal and external audits, action plans, surveys
- Care folders and charts including: specialised nursing care folder, care plan schedule, clinical resource manuals, handover, care charts, communication diary's, pain management plans and treatments folder, complex care checklist
- Care recipients' information package and surveys
- Cleaning: schedules including spring cleaning records
- Comments, complaints and compliments folder, feedback forms, register of comments, complaints and compliments
- Consent forms including: display name, consent for treatment and procedures, items used for safety reasons at care recipient/representatives request
- Continence program including: orders, consumption, sizing and individual continence assessments
- Continuous improvement register and run sheets,
- Education records: education needs analysis, education calendar, education attendance records and competency assessments
- External services: schedule of completion for external services records, external contractors registration due dates, certificates of currency, external suppliers survey, hazard analysis and critical control points licencing, orientation for contractors
- Fire security and other emergencies: fire evacuation flowchart step by step guide, service records, disaster management plan and business continuity plan

- Food services: dietary assessment charts, food safety manual and programme, hot and cold food temperature checks, equipment temperature checks, fruit and vegetable sanitisation records, dietician approved four week rotating roster, cleaning schedules
- Human resource management: code of conduct, daily allocation of staff, employee details, job descriptions, performance appraisals, staff confidentiality agreements, staff surveys and action plan, staff awards, staff rosters and replacement arrangements, staff signatures and initials
- Infection control resources and records: outbreak management program and vaccination records, infection monitoring and urine screening, care recipients' infection surveillance data 2013-2015, data collation and graphs, pathology reports for Legionella bacteria, line listings for gastroenteritis in and aged care facility, outbreak checklist, outbreak review folder
- Information systems: document control, policies, procedures and flowcharts, staff and care recipient handbooks, memoranda, informed consent definition policy, newsletters
- Inventory and maintenance: electrical testing and tagging records, thermostatic mixing valves maintenance, planned and preventative maintenance records, maintenance logs, physiotherapy review of equipment
- Laundry and cleaning sign sheets
- Leisure and lifestyle program: weekly program and calendar, attendance records, lifestyle assessments, photographs
- Medication system: medication policy, pharmacy folder, medication charts, medication sign charts, doctor's orders, incident reports, refrigerator temperatures, controlled drugs register, antipsychotic medication review form
- Physiotherapy program: assessment and plans, physiotherapy care plans, mobility and manual handling plans and physiotherapy and allied health specialist referral folder
- Regulatory compliance: Annual Fire Safety Statement, Charter of Residents Rights and Responsibilities on display and included in publications, compulsory reporting register, notification of reportable assault forms, NSW Food Authority audit, NSW Food Authority licence, criminal records checks and system for review, professional registration records, privacy statement, re-accreditation audit notices posted at the home
- Work, health and safety – accident and incident reporting, bullying and harassment posters, facility safety inspections, hazard alert forms, risk assessments of equipment, risk assessment of individual care recipients' manual handling processes by physiotherapist, work health and safety statement, return to work flowchart

Observations

The team observed the following:

- Archive room
- Care recipient activities in progress
- Change of shift handover report

- Chemical storage, safety data sheets
- Dining rooms at meal times
- Displayed notices including internal and external complaints mechanisms, aged care complaints scheme and advocacy brochures, Charter of care recipients' rights and responsibilities, organisation's mission, vision and values statement, education calendars and menus
- Food services: preparation and wash up areas, stock rotation and labelling,
- Equipment and supply storage rooms including clinical, linen stock in sufficient quantities and equipment available and in use for manual handling such as hand rails, lifters and mobile walkers, personal protective equipment and clothing in use
- Evacuation egresses unobstructed, accessible assembly points, evacuation bags, Interactions between staff, care recipients and visitors, security door pads and secure gate north wing (DSU), designated smoking areas
- Living environment – internal and external
- Medication management including: medication round; storage of medications and dressings; contents of medication refrigerator; oxygen cylinder storage, medication trolleys and dressing trolleys
- Secure storage of care recipient and staff information including archives
- Short group observation in north activities room
- Staff work practices and work areas
- Outbreak management kits
- Waste management: general and recycling skips, contaminated waste bins, sharps containers

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 management and staff team at Sir Thomas Mitchell Residential Care Facility implement systems and processes which link to a quality framework activated and monitored through various committees. Mechanisms identify opportunities for improvement across all management and service areas. Systematic and proactive assessment through internal and external audits, reporting processes, as well as the collection and analysis of clinical and service data further supports the program. Sustainability is measured through monitoring, evaluation and review of the effectiveness of implemented changes. Mechanisms such as improvement logs, committees, meetings, surveys, formal and informal feedback processes and consultation encourage all stakeholders to have involvement in the continuous improvement processes.

Recent examples of improvement activities related to management systems, staffing and organisational development and reflecting systematic evaluation of, and feedback from, the services are outlined:

- In 2014 signing gaps were noted in staff laundry and cleaning schedules. To simplify the reporting process a new monthly template was designed to highlight to staff their responsibility and accountability for the tasks outlined. Each staff shift is colour coded and links to the tasks and instructions relevant to the particular shift. Prior to implementation education was conducted to ensure staff understanding. In 2016 a laundry audit found minimal gaps in signage.
- In 2013 it was found that workplace bullying had not been considered as seriously as 'Workcover' was promoting. Two documents, Staff Code of Conduct and the Bullying Register were developed and associated issues added to the continuous improvement plan. Staff completed education. A workplace bullying survey was conducted, annual auditing is in place and results posted for staff to view. A workplace bullying risk assessment is carried out in line with the staff survey. Issues alleging bullying have been managed confidentially with records maintained in staff files. Senior management staff at the home has remained stable for some time and turnover is not considered to be a risk factor. New staff are supported and participate in buddy shifts until comfortable and confident to work independently. Posters, "Are you being bullied?" and "Do you witness bullying at work?" have been designed and are available to all staff. Bi-annual performance appraisals and annual surveys are ongoing.

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

Systems and processes ensure the identification and implementation of changes in legislation, regulatory requirements, professional standards and guidelines. Information is sourced in a variety of ways which include: subscription to a legislative update service, through industry related newsletters, from peak bodies, from State and Commonwealth government departments, from statutory authorities and the internet. Changes to legislation are disseminated to the home’s staff via memos, meetings and education sessions. Policies and procedures are reviewed and updated in line with new legislation. Auditing by external regulatory authorities, internal auditing processes, surveys, quality improvement activities and monitoring of work practices ensure consistency and compliance with legislative requirements.

The following examples demonstrate the effectiveness of the system relating to regulatory compliance and pertaining to Accreditation Standard 1:

- Notification of the re-accreditation audit to care recipients and their representatives occurred within the legislative timeframes, notices were posted throughout the home and persons responsible were notified by letter.
- Prospective employee’s criminal records are checked prior to engagement and there is a process in place to review the currency of this status every three years. Contracted service personnel are also required to complete criminal record checks.
- A register of employees’ visa entitlements and expiry dates is maintained and statutory declarations for employees who have lived overseas are obtained.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has a range of mechanisms to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Training needs are determined by regulatory requirements, management directives, the needs of care recipients, and staff development priorities and interests. Education is delivered through orientation, on the job, through in-service training held at the home, and by external education providers. Records are kept to monitor attendance at training and follow-up to ensure attendance at compulsory sessions occurs. Feedback, questionnaires, skills assessments, and observations of staff by management are used to evaluate and improve knowledge and skills. The organisation supports staff to obtain or upgrade their formal qualifications. All staff interviewed stated they participate in and are supported to attend education within the home and externally.

Examples of education that has occurred relevant to Accreditation Standard 1; Management systems, Staffing and Organisational Development include:

- Orientation
- Payroll and rosters
- Positive communication and communicating with families
- Return to work coordination
- The accreditation standards.

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

Information explaining the internal and external complaints' mechanisms and aged care advocacy services is prominently displayed at the home. The processes for feedback are documented in the care recipients' handbook and residential agreement. These are also discussed with care recipients and their representatives as part of the entry process and at carer's meetings. Comments, complaints and feedback contribute issues to the continuous improvement action plan. A review of the complaints register and associated documentation demonstrates that issues are investigated, analysed and responded to in a timely manner. There is a system for making confidential complaints and for complimenting staff. Annual general surveys of service satisfaction are conducted. Care recipients, their representatives and staff confirm an awareness of the mechanisms by which comments, complaints, or suggestions can be 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 vision, values, philosophy and objectives of the care service are documented, displayed and reflect the intention of delivering quality services to the care recipients. Management, staff, care recipients and representatives are aware of these values and objectives. They are discussed with staff at orientation, displayed at the home and documented in the staff and care recipients' handbooks.

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 and processes in place to ensure the home has sufficient appropriately skilled and qualified staff to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. Policies, procedures and flowcharts that guide human resource practices are accessible to all staff. Professional registrations, criminal record checks, visa- right to work information and reference checks are completed for new employees. Orientation training and buddying of new staff is conducted and performance reviews are in place. Grievance processes are documented. A rostering system is used to develop rosters in advance. Relief arrangements include permanent part time and casual staff as well as contracted agency staff when necessary. Staffing levels are flexible and are monitored in line with care recipients' specific care needs and related dependencies. All staff interviewed advised that teamwork is vital to ensuring appropriate care and service delivery at the home. Care recipients and their representatives' report overwhelming satisfaction with, and appreciation of, the consistency of care provided and the skills and professional approach of all staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management and staff interviews and observation confirm that there are adequate stocks of goods and access to equipment for the delivery of quality services at the home. Replacement processes as well as the planned and reactive maintenance programmes ensure that goods and equipment are suitable for the purpose and meet the specific needs of care recipients.

There are ordering processes and stock rotation systems for consumable and perishable items. Designated team members assume responsibility for monitoring stocks and ordering necessary supplies. Monitoring processes include risk assessments, hazard reporting and audits. New equipment is trialled prior to purchase and staff are trained in the use. Review of documentation, observation and interviews with staff and care recipients indicate that all maintenance is prioritised and responded to in a timely manner.

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

There are effective information management systems in place. Policies, procedures and flowcharts are available in hard copy. Confidential files are stored securely and processes promote the effective archiving and destruction of records. A review of care recipients' files indicates clinical care plans are regularly evaluated. A schedule of meetings ensures relevant information is available to stakeholders in a timely manner. The director of nursing, reports to the approved provider on a monthly basis about issues integral to the care and services of the home. Information is disseminated on noticeboards, through newsletters, memoranda, meetings, education sessions, shift handovers and informal lines of communication. External and internal audits, surveys and the collection of data relating to the quality of care and services inform processes of assessment and continuous improvement. Care recipients and representatives told us they are satisfied with their access to information which assists them to make decisions about the care recipients' care and lifestyle.

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

Externally sourced services are provided in a way that supports the home's requirements for meeting quality service goals. The home engages contracted and preferred service providers and suppliers. Service providers must produce evidence of licensing, professional registrations, safe work method statements, public liability and other insurance and are required to have completed criminal record checks. Service agreements and contracts with

external providers are negotiated, managed and monitored in a variety of ways which include audits and inspections, feedback from care recipients and staff. Supervision of the contracted clinical services personnel by the deputy director of nursing and the registered nurses, and review of the work practices of contractors by the director of nursing, are important in ensuring contractual arrangements are being met. Poor performance may lead to cancellation of the contract. External contracts include (but are not limited to): fire services, supply of chemicals, pharmacy services, podiatry, hairdressing, waste management and pest control services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The results of the team's observations, interviews and review of documentation revealed that the home is pursuing continuous improvement in relation to health and personal care of residents. For information regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

The following are examples of some of the improvements undertaken in relation to health and personal care of residents:

- Early in 2014 it was found that care recipients' complex care needs were not being consistently addressed. A complex care checklist was devised to ensure staff signage in order to validate complex care delivery. This form includes: care recipient's name, bed number, clinical order, frequency of treatment and due date. Staff responsibilities for delivering the care are colour coded on the form. Outcome has been complex care is occurring as ordered, registered nurses' documentation is consistent and assistant directors of nursing get a quick visual snapshot of any gaps in care which are promptly addressed.
- It was found that medication was sometimes being used to manage care recipients' challenging behaviours rather than exploring other options including consultation with dementia behavioural management advisory services. Research on psychotropic and anti-psychotic medications was reviewed and discussions at the medication advisory committee meeting resulted in education for registered nurses. Audit tools were developed and incorporated further education by identifying known side effects and symptomatic presentations associated with medication use. Training on use of the tool was implemented to ensure an understanding of its use. Separating the disease process from the impact of such medication has resulted in more appropriate care interventions. Aligned with this outcome is a reduction in the dosage levels of psychotropic and anti-psychotic medications for a number of care recipients. Ongoing review and monitoring has also been extended to sedative medications. Data shows the use of sedatives for care recipients at the home has reduced by half since the beginning of 2015.
- This research and the results led to further investigation of current projects to monitor medication use across the aged care industry. A study being conducted by a research group consisting of university and hospital professorial staff, general practitioners, registered nurses and pharmacists is exploring the potential to reduce medication use across the aged population. Sir Thomas Mitchell Residential Care Facility is actively engaged in this process. Considerable interest and participation by care recipients and their representatives, support by general practitioners and enthusiasm by nursing and recreational staff is working towards multi-disciplinary outcomes.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The re-accreditation team’s observations, interviews and review of documentation demonstrate that a system is in place to manage regulatory compliance in relation to health and personal care. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

Evidence that there are systems in place to identify and ensure regulatory compliance relating to health and personal care includes:

- ‘Authority to practise registrations’ for registered nurses and medical officers registration records are maintained by the home. Contracted allied health services managed by the home’s administration are also required to provide evidence of registration. These include, but are not limited to, physiotherapist, the accredited pharmacist and the podiatrist.
- Registered nurses are responsible for the care planning and assessment processes and the specialised nursing services implemented for all care recipients at the home.
- The home ensures care recipients are provided with specified care and services, supplies and equipment as required under the Quality of Care Principles (1997).
- A schedule 8 Dangerous Drug Register is maintained in line with the Poisons and Therapeutic Goods Act 1966 and the Poisons and Therapeutic Goods Regulation 2002.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The organisation has systems to ensure staff have the appropriate knowledge and skills referred to in expected outcome 1.3 Education and Staff Development.

Clinical education is facilitated by the deputy director of nursing/educator; a calendar is developed to provide staff with access to a range of educational topics relevant to Accreditation Standard 2; Health and Personal Care.

Examples of education and training offered to staff in relation to Accreditation Standard 2 include:

- Continence management
- Medication management
- Pain in dementia
- Skin care and wound management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive clinical care that is appropriate to their individual needs and preferences. On entry to the home an interim care plan is completed by the registered nurse. Assessments are then completed and the information is used to develop individual care plans, which include interventions and strategies enabling care workers to deliver care. The assistant directors of nursing, registered nurses and care workers monitor care through observation and review, case conferences, incident and exception reporting processes.

Results show that care recipients’ needs are documented and reviewed regularly, and care is provided consistent with documented care plans. Care workers practices are monitored for compliance with the home’s processes and procedures. Care recipients and representatives said they are satisfied with the level of consultation and with the personal care provided to care recipients.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients specialised nursing care is identified and met by appropriately qualified nursing care workers. Specialised care needs are assessed on entry and in an ongoing process as new care needs occur. The registered nurses monitor the care each care recipient receives and ensure specialised care needs, for example diabetes management, urinary catheterisations and complex wound care are delivered by appropriately trained care workers. Results show that care recipients receive specialised nursing care consistent with identified special care requirements. Care workers qualifications are maintained or upgraded through education and competency programs and monitored through the home’s internal procedures. Care recipients and representatives said they are satisfied with the specialised nursing care the care recipients receive.

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 referred to appropriate health specialists in accordance with their needs and preferences. The need for referral to health specialists is identified on entry, through the ongoing assessment process, and when care needs change. Diaries and change of shift handover reports inform oncoming care workers of appointments to health specialists. Care recipient’s families provide transport or the home organises it and escorts can be arranged. Documentation review confirmed referrals are made to an array of health specialists including behaviour specialists, the geriatric flying squad, speech pathologist, podiatrist, eye specialists’, dietician, physiotherapist, podiatrist and dentist. Care workers are knowledgeable about the referral procedure. Care recipients and representatives said they are satisfied with the arrangements for referral 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

Care recipients’ medication is managed safely and correctly. Medication is delivered using an individual package system. Monitoring of the medication system is the role of the assistant director of nursing, registered nurses and pharmacist. It includes checking expiry dates, sign sheets, storage, as required usage (PRN), poly-pharmacy and medication errors. All medications are administered by registered nurses and we observed medication being administered to care recipients safely and correctly. Results show care workers have access to a medication incident reporting system that is monitored for improvement opportunities and

ongoing education is provided to maintain skills. Care recipients and representatives said they are satisfied with the manner in which care recipient's medication is 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

Care recipients are assisted to be as free as possible from pain. The medical officer, physiotherapist, registered nurses and carers assess care recipients when they enter the home and when their needs change. Pain management treatments such as heat therapy, massage, exercise programs, and medication or a combination of these treatments are implemented. The registered nurses, allied health professionals and carers monitor the effectiveness of pain management treatments through their documentation processes.

Results show that pain management is tailored to each care recipient's needs and care recipients are as free from pain as possible. Care workers are knowledgeable about each care recipient's pain management plan. Care recipients and representatives said they are satisfied with the pain treatments used to ease the care recipient's 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

Care recipients' comfort and dignity during palliation is maintained. Care needs are assessed on a regular basis and decisions are made in consultation with the care recipient and or their representative when palliation is required. Gentle massage, pain relieving medication, pressure relieving mattresses and regular repositioning are examples of the comfort offered. Local clergy are available to provide spiritual support as required. An advance care directive is completed in consultation with the care recipient and/or their representative to ensure their wishes are met and dignity is maintained. Representatives gave us positive and appreciative feedback about the manner in which palliative care services are provided.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to receive adequate nourishment and hydration. Each care recipient's dietary and hydration needs are assessed on entry to the home and on an ongoing basis. The home has access to a dietician and a speech pathologist and treatments suggested are incorporated into the recipient's care plan. The registered nurses and carers monitor nutrition, hydration and weight loss. Where indicated specific instructions are provided to staff which include meal supplements, thickened fluids, soft diets and increased monitoring. Results

show that care recipients receive adequate nourishment and hydration. Care workers are knowledgeable about the dietary and hydration processes used at the home. Care recipients and representatives said they are satisfied with the choice of meals and beverages offered.

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

Care recipients’ skin integrity is consistent with their general health. Skin integrity is assessed during the entry assessment period and when care needs change. Incidents, accidents, wound infections, and skin tears are monitored and trends identified and actioned. Documentation including care plans and wound charts show that skin care is managed effectively. Care recipients have access to a podiatrist and a hairdresser. The home has a range of wound care products to use for different types of wounds and a system of visual images is used to standardise and track healing processes. Trained wound care champions deliver consistent treatments overseen by the registered nurses. Dietary supplements are available to promote skin integrity. Assistance is provided with personal hygiene and repositioning when needed. Results show that skin integrity is consistent with each care recipient’s general health. Care recipients and representatives said they are satisfied with the way the care recipient’s skin integrity is managed.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ continence is managed effectively. Continence requirements are assessed during the entry assessment period and when care needs change. Trained continence champions manage the continence aid program which includes assessing care recipients for the correct products as well as issuing, ordering and monitoring the usage of continence aids. The registered nurses recommend and monitor individual toileting programs, fluids, fibre, aperients, and exercise. Bowel care is monitored each shift and care workers are able to advise and provide treatments that promote regularity. Data on infections that affect continence are collected, analysed and actioned. Continence products were observed to be plentiful and varied. Results show that continence is managed effectively. Care recipients and representatives said they are satisfied with the way the home manages the care recipient’s continence.

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

Care recipients with challenging behaviours are managed effectively. Behaviour assessment occurs during the entry assessment period. Reassessment occurs whenever the care recipient’s identified behaviours change. Care recipients are monitored to ensure factors that can produce a change in behaviour such as pain, urinary tract infections and reduced oral intake are identified and actioned quickly. Challenging behaviour focus meetings are held to review and evaluate behaviour strategies. Referrals to specialist services such as aged care mental health are made by the registered nurses in consultation with the medical officer and care recipient’s representative. Care workers were observed interacting with care recipients with ease and respect. Care workers demonstrated knowledge of each care recipient’s individual requirements. Results show that challenging behaviours are managed effectively. Care recipients and representatives said they are satisfied with the way the home’s care workers minimise the impact of 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

Care recipients are assisted and encouraged to achieve optimum levels of mobility and dexterity. The physiotherapist assesses all care recipients on entry to the home, whenever care needs change and on an ongoing basis. Plans are developed for care recipients to receive the most effective treatments to achieve and maintain their mobility and dexterity. The physiotherapist, registered nurses, physiotherapy aides and care workers monitor the effectiveness of falls prevention strategies and reassessment occurs when care recipients fall. Referrals are made to the appropriate allied health service when required and rehabilitation techniques are implemented when recommendations have been received.

Results show that care recipients are assisted to mobilise and they have access to aids to promote dexterity. Care workers are knowledgeable about the programs. Care recipients said they are satisfied with the assistance they receive with 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

Care recipients’ oral and dental care is maintained. An oral and dental assessment is completed during the period following entry and when care needs change. Care workers encourage care recipients to brush their own teeth and maintain denture care. The registered

nurses and care workers manage and monitor oral and dental care. Referrals to dental specialist services are made after consultation with the care recipient or their representative.

Results show that oral and dental care is maintained. Care workers are knowledgeable about the dental programs. Care recipients and representatives said they are satisfied with the dental care received by care recipients.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively. Care plans provide information so that care workers may ensure glasses and hearing aids are properly fitted and maintained. The registered nurses monitor sensory loss and refer to specialist services when indicated. The physiotherapist tests skin sensitivity prior to prescribing treatments for pain management. Results show that sensory losses are identified and managed effectively. Care recipients and representatives said they are satisfied with the support provided to assist care recipients manage 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

Care recipients are able to achieve natural sleep patterns. Sleep patterns are assessed on entry to the home and when care needs change. Some of the strategies used to ensure natural sleep patterns include a warm milk drink, night light, massage, pain management, pressure reducing mattresses and continence management. Motion sensing alert systems are also used to raise care workers awareness of the need to attend to care for care recipients who cannot use the bell. Results show that care recipients are able to achieve natural sleep patterns. Care recipients and representatives said they are satisfied with the strategies in place to enable care recipients achieve natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home is pursuing continuous improvement in relation to care recipients’ lifestyle and this was confirmed through observations, interviews and review of documentation. For comments regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

Examples of improvements made to resident lifestyle are outlined:

- The activity program was not being audited whilst in progress to monitor participation and engagement of care recipients and staff. Short group observations by all staff disciplines have proved very productive in identifying areas for improvement. Role plays by staff and relevant education has highlighted existing practices. Purposeful creation of opportunities to promote care recipients’ independence, choice and decision making has resulted. Morning tea is served by care staff wearing red aprons to highlight the role. Care recipients are asked what they would like to eat and drink for all meals. The dining experience has been enhanced by a complete refurbishment of the dining room. New crockery and cutlery has been purchased and the selection of food and beverages extended.
- Over the past two years the service has focussed on promoting the person centred approach to care. Advanced care plans are created with education and one to one support for care recipients and their families. Case conferences for care recipients are conducted six weeks after entry, annually and as needs change. The case conference format is inclusive of carer support, education and resources.

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

Observations, interviews and review of documentation revealed an effective system is in place to manage regulatory compliance in relation to resident lifestyle. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

Evidence that there are systems in place to identify and ensure regulatory compliance relating to resident lifestyle includes:

- All care recipients are issued with a residential agreement which incorporates clauses required by law such as a 14 day cooling off period, fees and charges; and the provision of specified care and services. The agreement is regularly reviewed to ensure that legislative requirements are being met.
- Documents provided to care recipients and their representatives to inform of relevant legislation and regulatory compliance include: ‘The Charter of Residents’ Rights and Responsibilities’ and the care recipients’ handbook.
- Care recipients or their representatives are provided with information about disclosure of health information and they sign consent forms. Staff are advised of their role in relation to privacy and they complete confidentiality agreements.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure that staff have appropriate knowledge and skills referred to in expected outcome 1.3; Education and Staff Development.

Management uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard 3; Resident Lifestyle. Examples of education and development attended by care workers in relation to Accreditation Standard 3 include:

- Certificate IV in leisure and health
- Diversity – gender reassignment
- Elder abuse and mandatory reporting
- Spark of life.

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

Care recipients receive support in adjusting to life in the new environment and on an ongoing basis. On arrival each care recipient is orientated to the home and introduced to other care recipients and care workers. A social profile is completed and the information is used to assist in providing ongoing emotional support. Care recipients are encouraged to bring personal items to the home to personalise their room. Care workers and the recreational activities' officers spend time with each care recipient when they arrive at the facility to assist with the settling in process. All care workers are knowledgeable about how to provide emotional support to care recipients and their representatives. Care recipients and representatives said they are satisfied with the emotional support given to care recipients.

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 assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service.

Interests and activities outside the home are encouraged. Voting in federal, state and local elections is facilitated. We observed care workers assisting care recipients with a range of activities that encourage and support them to maintain their independence. Care recipients and representatives said they are satisfied with the encouragement and support given to care recipients to maintain independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Care recipients have the option to consent or refuse the use of their photographs or personal details being on display or in print. Care information is kept in lockable cupboards. Care workers are able to describe their work practices in relation to privacy and dignity. Care workers were observed interacting with care recipients and representatives with dignity and respect while maintaining confidentiality. Results show that privacy, dignity and confidentiality is recognised and respected. Care recipients and representatives said they are satisfied with the level of privacy and dignity given to care recipients.

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

Care recipients are encouraged and supported to participate in a range of interests and activities of interest to them. The home runs an activities program which is based on care recipient input. Group activities include entertainers, bingo, art group, and crafts. Verbal feedback and discussion with care recipients and regular meetings ensures their input into the activity program. Activities staff complete tick sheets to monitor each care recipient's participation at activities. Alternative activities such as library books, hand massages and one to one activities are available to those who choose not to join the group activities or are unable to do so. Results show that care recipients are encouraged and supported to participate in a wide range of interests and activities. Care recipients and representatives said they are generally satisfied with the activities offered to care recipients.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Regular events and theme days celebrate important national, cultural and religious days for example Christmas, Easter, St Patrick's and Anzac Day. Church services are held in the home. Clergy are called upon on as required and visit regularly to provide support to all care recipients who wish to be visited. Care recipients and representatives said they are satisfied with the way the home values and fosters the interests, cultural and spiritual needs of care recipients.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the 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 participate in decisions about the services they receive and are enabled to exercise choice and control over their lifestyle while not infringing on the rights of other people. Care recipients and/or their representatives are included in care conferences and decisions relating to care delivery. Care recipient and carer meetings include discussion about the activities program. Care recipients participate in decision making and choices such as daily menu, recreational activities, clothing, shower time, wake up time and bedtime. Care workers are able to describe how they provide choice to care recipients each day. The home monitors care recipient choice and decision making through surveys, audits, case conferencing,

complaints procedures, and meetings. Care recipients and representatives said they are satisfied with their participation in choice and decision making.

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 care recipients have secure tenure within the residential care service and understand their rights and responsibilities. Prospective care recipients and their families are advised of security of tenure, fees, care and services and their rights and responsibilities prior to entry to the home. All new care recipients receive a residential agreement and handbook that outline care and services, internal and external complaints mechanisms and provide other comprehensive information about the home. We were advised by management that care recipients and their representatives are consulted and consent gained prior to care recipients moving rooms within the home. Care recipients' representatives told us they feel safe and secure about their relatives' residency at the home. They confirm an awareness of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

For comments regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

Examples of the improvements made to the physical environment and safe systems are outlined:

- A review of the policy and procedures for bus outings demonstrated a need for written emergency procedures in case of a collision, a medical emergency or a mechanical breakdown. These were developed and education for the recreational staff and the volunteer bus driver was conducted. It was found that the first aid kit was not included in the annual audit schedule and there was no policy and procedure for management. This has been rectified.
- The home was painted throughout in 2015, curtains were replaced in a number of areas and the main dining room refurbished. The living environment in north wing (the dementia specific unit) has been revamped to incorporate the “butterfly” concept. Walls are brightly painted and are now more interactive for care recipients with pictures and activity stations along the way. These interactive stations create points of interest for care recipients who are enjoying the independent activities.
- The chef highlighted a need for fresh cooked chicken rather than processed meats in sandwiches. This resulted in a review of the Food Safety Programme and hazard analysis. A process flow chart was developed and approved by the NSW Food Safety Authority. Care recipients are enjoying the sandwiches and feedback has been positive.

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

Observations, interviews and review of documentation revealed there is an effective system to manage regulatory compliance in relation to the physical environment and the implementation of safe systems. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

Evidence that there are systems in place to identify and ensure regulatory compliance related to the physical environment and the safe system includes:

- The NSW Food Authority licence, under the legislation governing food services to vulnerable persons, is in place and displayed.
- The Annual Fire Safety Statement is displayed and current.
- A biological testing program ensures pathology of samples from the warm water system is attended, results analysed and remedial action implemented to ensure the system is free from Legionella bacteria.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3; Education and Staff Development.

Management uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard 4; Physical Environment and Safe Systems, examples of this include training in:

- Fire awareness and evacuation procedure
- Incident management
- Infection control
- Manual handling procedures
- Safe food handling.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients' care needs".

Team's findings

The home meets this expected outcome

Systems and processes are in place to guide management and staff in the provision of a safe and comfortable environment to meet care recipients' needs. The home is divided into two wings each accommodating care recipients in single and multi-bed rooms with shared bathrooms. Hand rails in the hallways, grab rails in the bathrooms, mobility aids, lifting equipment and access to a nurse call system contribute to safety in the living environment. Temperatures in communal areas and residential rooms are comfortably maintained by a reverse cycle air conditioning systems, ceiling fans and gas heating. Sunny dining rooms and lounge areas, as well as smaller sitting rooms support care recipients' comfort in both wings of the home. There are two large pleasant outdoor garden areas with suitable seating for care recipients wishing to spend time in the fresh air and sunshine or to privately entertain their visitors. Care recipients are invited to bring small items of a personal nature to decorate their rooms. Care recipients' representatives told us of their satisfaction with the living environment, the homelike atmosphere and the obliging nature of all of the staff. Ongoing auditing and surveys ensure constant review of the living environment.

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

A work, health and safety committee is in place and meetings are convened to discuss issues. Accident/incident data and infection rates are discussed; analysed and actions to avoid recurrences implemented. Environmental inspections are conducted to monitor the living and working environment and risks and hazards are reported and addressed. Identified risks are recorded on the maintenance request system, prioritised for repair and actioned by the maintenance officer or external services. Mechanical lifters are available, and staff complete manual handling training during orientation and annually. Personal protective clothing and equipment is provided and was observed being used appropriately. Position descriptions include work, health and safety responsibilities for the roles. Work practices are monitored and unsafe practices generate education sessions or other interventions.

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

Systems are in place to ensure the safety and security of care recipients and staff. Checks of equipment by external contractors and the maintenance officer, auditing processes, fire and

emergency evacuation procedures are in place. Evacuation maps are correctly orientated and emergency flip charts are located at strategic points throughout the building. The home is fitted with fire warning and firefighting equipment, smoke and thermal detectors, a sprinkler system, extinguishers, fire blankets and hose reels. Chemical storage is secured, personal protective clothing available and safety data sheets located in suitable positions throughout the home. Designated smoking areas have been nominated. Staff confirmed their attendance at compulsory fire safety training and demonstrated an understanding of evacuation procedures and the use of firefighting equipment. Records of attendance at training are maintained and monitoring of this process occurs. An emergency evacuation and relocation plan has been documented and the four emergency evacuation packs include current care recipients' names, mobility status and care needs.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program. Policies and procedures for infection control including outbreak management guidelines are available to all staff. Infection data is collected, collated and evaluated. Care recipients' infections are identified; medical officer reviews initiated and pathology services organised to enable effective treatment. The home's infection control program includes education for all staff, hand washing competencies and immunisation programs. Cleaning and maintenance schedules, temperature monitoring, use of spills kits and safe disposal of general and infectious waste support the program. Personal protective clothing and equipment, hand washing facilities and hand sanitisers are readily available across the home. Auditing processes together with monitoring of infection data ensure review of the program. We observed staff following infection control practices in their various roles and in their day to day interactions with residents.

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

There are systems and processes to ensure hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. Catering staff have implemented food safety guidelines in the kitchen. Processes ensure that care recipients' food and drink preferences and special dietary requirements are identified and provided. The living environment is observed to be clean and fresh. Cleaning staff demonstrate a sound knowledge of the home's cleaning schedules, infection control practices and safe chemical use. Staff explained the laundry processes, including the collection, storage, management and replacement of linen. All linen and personal clothing is washed on site. Care staff are responsible for the return of care recipients' clean clothes to their rooms. Infection control practices are adhered to in the domestic laundry. Care recipients and their representatives are complimentary of the staff and expressed satisfaction with the hospitality services provided to them.