



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

ACDMA Aged Hostel RACS ID: 0365

Approved Provider: Australian Chinese & Descendants Mutual Association Inc

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

Reconsideration Decision made on 1 February 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 21 August 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 22 September 2015 to 22 September 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 1 February 2018

Accreditation expiry date 22 September 2019



Australian Government

Australian Aged Care Quality Agency

ACDMA Aged Hostel

RACS ID 0365

2 First Avenue

CANLEY VALE NSW 2166

Approved provider: Australian Chinese & Descendants Mutual
Association Inc

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 September 2018.

We made our decision on 21 August 2015.

The audit was conducted on 21 July 2015 to 22 July 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

| Standard 1: Management systems, staffing and organisational development | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|
| Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates. | | |
| Expected outcome | | Quality Agency decision |
| 1.1 Continuous improvement | | Met |
| 1.2 Regulatory compliance | | Met |
| 1.3 Education and staff development | | Met |
| 1.4 Comments and complaints | | Met |
| 1.5 Planning and leadership | | Met |
| 1.6 Human resource management | | Met |
| 1.7 Inventory and equipment | | Met |
| 1.8 Information systems | | Met |
| 1.9 External services | | Met |

| Standard 2: Health and personal care | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|
| Principle: Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team. | | |
| Expected outcome | | Quality Agency decision |
| 2.1 Continuous improvement | | Met |
| 2.2 Regulatory compliance | | Met |
| 2.3 Education and staff development | | Met |
| 2.4 Clinical care | | Met |
| 2.5 Specialised nursing care needs | | Met |
| 2.6 Other health and related services | | Met |
| 2.7 Medication management | | Met |
| 2.8 Pain management | | Met |
| 2.9 Palliative care | | Met |
| 2.10 Nutrition and hydration | | Met |
| 2.11 Skin care | | Met |
| 2.12 Continence management | | Met |
| 2.13 Behavioural management | | Met |
| 2.14 Mobility, dexterity and rehabilitation | | Met |
| 2.15 Oral and dental care | | Met |
| 2.16 Sensory loss | | Met |
| 2.17 Sleep | | Met |

| Standard 3: Resident lifestyle | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|
| Principle: | | |
| Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community. | | |
| Expected outcome | | Quality Agency decision |
| 3.1 Continuous improvement | | Met |
| 3.2 Regulatory compliance | | Met |
| 3.3 Education and staff development | | Met |
| 3.4 Emotional support | | Met |
| 3.5 Independence | | Met |
| 3.6 Privacy and dignity | | Met |
| 3.7 Leisure interests and activities | | Met |
| 3.8 Cultural and spiritual life | | Met |
| 3.9 Choice and decision-making | | Met |
| 3.10 Resident security of tenure and responsibilities | | Met |

| Standard 4: Physical environment and safe systems | | |
|-------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|
| Principle: | | |
| Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors. | | |
| Expected outcome | | Quality Agency decision |
| 4.1 Continuous improvement | | Met |
| 4.2 Regulatory compliance | | Met |
| 4.3 Education and staff development | | Met |
| 4.4 Living environment | | Met |
| 4.5 Occupational health and safety | | Met |
| 4.6 Fire, security and other emergencies | | Met |
| 4.7 Infection control | | Met |
| 4.8 Catering, cleaning and laundry services | | Met |



Australian Government

Australian Aged Care Quality Agency

Audit Report

ACDMA Aged Hostel 0365

Approved provider: Australian Chinese & Descendants Mutual Association Inc

Introduction

This is the report of a re-accreditation audit from 21 July 2015 to 22 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

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 21 July 2015 to 22 July 2015.

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

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

Assessment team

| | |
|----------------|--------------|
| Team leader: | Sue Kelly |
| Team member/s: | Robyn Draper |

Approved provider details

| | |
|--------------------|---------------------------------------------------------|
| Approved provider: | Australian Chinese & Descendants Mutual Association Inc |
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Details of home

| | |
|---------------|-------------------|
| Name of home: | ACDMA Aged Hostel |
| RACS ID: | 0365 |

| | |
|-------------------------------------------------------------|------------------|
| Total number of allocated places: | 45 |
| Number of care recipients during audit: | 45 |
| Number of care recipients receiving high care during audit: | 33 |
| Special needs catered for: | Chinese specific |

| | | | |
|-----------------|-----------------------------|------------|--------------|
| Street/PO Box: | 2 First Avenue | State: | NSW |
| City/Town: | CANLEY VALE | Postcode: | 2166 |
| Phone number: | 02 9754 1343 | Facsimile: | 02 9755 9559 |
| E-mail address: | acdmaagedhostel@hotmail.com | | |

Audit trail

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

Interviews

| | Number | | Number |
|-------------------|--------|---------------------------------|--------|
| Manager | 1 | Care recipients/representatives | 10 |
| Care manager | 1 | Laundry staff | 1 |
| Registered nurses | 4 | Cleaning staff | 1 |
| Care staff | 5 | Catering staff | 1 |
| Office clerk | 1 | Maintenance staff | 1 |
| Board members | 2 | | |

Sampled documents

| | Number | | Number |
|------------------------------------|--------|-------------------|--------|
| Care recipients' files | 6 | Medication charts | 12 |
| Summary/quick reference care plans | 6 | Personnel files | 5 |

Other documents reviewed

The team also reviewed:

- Activities documentation including calendars, activity care plans, program evaluations, activity attendance records, one to one visitations
- Audit schedule, results and reports
- Care recipient incident forms and reports at meetings
- Care recipient room listing
- Clinical care documentation including communication with specialists and allied health, communication books, clinical monitoring records and needs assessment, family conference documentation, handover/daily reports.
- Complaints and compliments records
- Criminal history check records for staff and volunteers
- Emergency and disaster management plan
- External service provider records including service agreements
- Fire safety information including: log books for the automatic fire detection and alarm system, fire sprinkler system, fire doors and exit and emergency lighting testing; current fire safety certificate, fire safety training records
- Food safety program, current food safety licence, menus, care recipients' dietary needs and preferences lists, records of equipment and food temperature checks, kitchen cleaning checklists, kitchen audits including 2015 NSW Food Authority licence
- Handbook for care recipients/relatives
- Human resources documentation including recruitment information, orientation program, staff handbook, performance appraisals

- Infection control including register, policy manual, surveillance data and analysis reports, infection statistics, monitoring records, water testing and analysis
- Information management including: meeting minutes, memoranda, registered nurse communication book, communication diary, daily handover reports and newsletter
- Mandatory reporting records
- Manual handling instruction information
- Medication management documentation medication audits, medication incident folder, temperature logs for medication refrigerators, schedule eight drug registers, care recipient medication plans, care recipient self-administration assessments, medication signing sheets, medication management (external) reviews
- Meeting minutes including care recipient, staff, quality committee, work place health and safety committee, executive management meetings
- Nutrition and hydration management including care recipient dietary analysis, rotating menu, dietician review, special and textured modified diets, thickened fluids, nutritional supplements
- Organisation chart
- Pain management documentation including pain management charts, pain management program records
- Physiotherapy assessments care plans, exercise programs, falls risk assessments
- Planned preventative schedule, maintenance request forms, environmental audits, service provider reports including pest control, thermostatic mixing valve checks and water temperature records
- Podiatry assessments and review
- Policies and procedures
- Quality improvement plan
- Self assessment report for re-accreditation
- Staff competency assessment documentation
- Staff handbook
- Staff records for registrations of nurses
- Staff training records including calendar, attendance records, evaluations
- Surveys - staff satisfaction, care recipient/relative

Observations

The team observed the following:

- Activities in progress, activities programs, associated resources, photographs of past events
- Brochures for external complaints mechanisms
- Catering system and processes including meal service to care recipients and staff assisting care recipients, menu displays
- Charter of residents' rights and responsibilities displayed in English and Chinese
- Cleaning in progress including use of equipment, trolleys and wet floor signage boards
- Comments and complaints information displayed, suggestion boxes

- Computers at the nurses' stations and in offices
- Dining room at meal times (the serving and transport of meals, staff assisting care recipients with meals and beverages).
- Equipment, supply, storage and delivery areas
- Fire safety system equipment including current fire safety statement displayed, emergency procedure flipcharts, fireboard, extinguishers, hose reels, fire blankets, emergency exits, fire egresses and emergency evacuation areas
- Handover in progress
- Infection control resources and equipment including spills kits, personal protective equipment, colour coded cleaning equipment, colour coded waste management equipment, hand washing stations and hand sanitiser dispensers
- Laundry system and processes
- Living environment (internal and external)
- Manual handling and mobility equipment in use and in storage
- Medication administration, secure storage, emergency drug supplies
- Mission, Values and Vision and organisational structure available
- Notice boards containing care recipient activity programs and notices, menus, staff and care recipient information
- Notices informing care recipients, representatives and staff of the re-accreditation audit
- Secure storage of care files and other documents
- Security systems (including phones, care recipient call bells, external lighting closed circuit cameras external areas, and internal public areas)
- Short observation in dining area
- Sign in/out books
- Staff practices and interactions with care recipients, visitors and other staff
- Staff work areas including clinic/treatment/staff rooms, utility rooms, reception and offices
- Stocks of goods and equipment

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a quality framework which enables the pursuit of continuous improvement. Areas for improvement are identified through meetings of care recipients, staff and management, surveys, the complaints process, reporting of incidents and accidents, results of audits, internal reviews, clinical data, observation and verbal feedback. Matters raised are registered, actioned and communicated to all relevant stakeholders. Staff and care recipients are able to contribute to suggestions for improvement through approaching senior staff, attending meetings, completing feedback forms and surveys. Interviews with care recipients and representatives confirmed their satisfaction with management's response to any feedback they provide. The home has made planned improvements in relation to Accreditation Standard One - Management systems, staffing and organisational development, including:

- In response to increasing care needs of care recipients and also to increasing administrative workloads, the home has created and filled new positions in 2015. These included a registered nurse, a part time cleaner and a payroll officer. Management and staff are very happy with these changes and feedback from care recipients indicates satisfaction with care services.
- In 2015, in response to comments from care recipients, the home has changed the podiatrist service. The new service is able to come to the home at hours that better suit the care recipients. Care recipients told us that they are very happy with this improvement.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems that identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The home accesses relevant information through membership of an industry representative body, from government departments, attendance at professional meetings and seminars and accessing the internet and other sources. Management communicates changes to staff by memoranda, staff meetings and staff education sessions. Policies and procedures are reviewed and updated in line with new legislation. Compliance with regulatory requirements is monitored through audits, competency assessments, staff appraisals and observations by management. Staff interviewed demonstrated an awareness of regulatory compliance.

Examples of regulatory compliance relevant to Accreditation Standard One include:

- Care recipients and representatives were informed of the upcoming Re-accreditation audit by posters, by mail and at meetings.
- Management monitors and ensures currency of criminal history checks for staff and other personnel.
- Management ensures all care recipients, staff and visitors to the home have access to internal and external comments and complaints 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

The home has an education and training program to ensure staff have the appropriate knowledge and skills to perform their roles effectively. The review of documentation and interviews with management and staff demonstrate training needs are identified. Mandatory training and programmed training opportunities ensure staff have the necessary knowledge and skills to meet the needs of the care recipients in their care. Qualified staff, competency assessments and external education opportunities are used to ensure a variety of training is provided. There is an orientation process for new staff. All staff interviewed reported they have access to education on a regular basis. Review of the education program, attendance records and interviews confirmed education has been provided in relation to Accreditation Standard One. Examples include: Documentation requirements, staff attendance at external education of Apply Food Safety Practices, all assistants in nursing have achieved certificate III qualifications and first aid training, eight staff have completed certificate IV qualifications.

1.4 Comments and complaints

This expected outcome requires that "each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

There are internal and external mechanisms for care recipients, representatives and other interested parties to provide feedback about comments and complaints. External and internal complaints information is accessible to care recipients and visitors with internal procedures displayed prominently in English and in Chinese dialects. Care recipients regularly raise concerns at their monthly meetings and the suggestion box is examined during these meetings. Management responses to concerns are provided verbally and in written form. Information concerning staff complaint avenues and grievance procedures is documented in the staff handbook. Comments and complaints are discussed at the home's staff meetings. Care recipients and staff interviewed are aware of the home's feedback system and expressed satisfaction with the resolution of any concern they raised.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's vision and mission are documented and the philosophy, values, objectives and commitment to quality is expressed in the statements. Observations and document review demonstrates the home's vision and mission are available to all stakeholders in printed format and are displayed in the home. Interviews with care recipients and representatives and our observations show management and staff model behaviours consistent with the home's vision and mission.

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 for the provision of appropriately skilled and qualified staff, sufficient to provide services in accordance with the Accreditation Standards and the home's vision and mission. The home has processes for recruitment, orientation and ensuring staff are eligible to work in aged care. Staffing levels are usually maintained at all times and there are procedures to ensure vacant shifts are filled. Management stated the home increases staff numbers and/or registered staff as care recipients' needs increase. Registers are maintained to monitor staff criminal history checks as well as staff professional registrations. Staff stated that they enjoy working at the home and they express a commitment to care recipients. Care recipients and representatives stated staff are knowledgeable, are responsive to their needs and have a helpful and caring attitude.

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 systems and processes to ensure that a stock of appropriate goods and equipment is available. Input from care recipients and staff at meetings and other verbal communication are included in the processes of maintaining and introducing new equipment. Storage for equipment and goods is available at the home with staff able to access storage areas. Stock levels are ordered and monitored by key personnel and are rotated and monitored for expiry dates. A preventative maintenance schedule monitors equipment useability and is documented. Corrective maintenance requests are reported to the maintenance staff or to the manager. These were noted to be followed-up in a timely manner. Faulty equipment is identified, removed from service and replaced or returned to suppliers for replacement. Staff are satisfied with the stocks of appropriate goods and equipment.

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 processes and procedures to ensure information is managed in a secure and confidential manner, including restricted access to service information, care recipient and personnel files. Clinical information is updated to guide care delivery needs of care recipients. Information is disseminated in both English and Chinese through the care system, noticeboards, memoranda, staff handovers, formalised feedback mechanisms and informal lines of communication. Management communicate with care recipients/representatives via newsletters, care recipient meetings, suggestion box and one-to-one discussions. Care recipients/representatives and staff said they are satisfied with information which the home provides.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has effective systems and processes to ensure all externally sourced services are provided in a way that meets the care recipients' needs and quality goals. Preferred major external suppliers are managed using service agreements or contracts which include specifications of service delivery. Documentation reviewed included appropriate qualifications, insurance and registration details. All work performed is monitored for quality and staff provide feedback to management regarding the effectiveness of services with consideration given to services provided on an ongoing basis. Changes are made when services received do not meet expected requirements. Staff said they are satisfied with the quality of services provided by external suppliers and there are processes to ensure services meet both the home and care recipients' needs.

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. Care recipient and representative feedback indicates satisfaction with care provision. Recent continuous improvement initiatives in relation to Accreditation Standard Two include the following examples:

- The home has installed new dispensers in each care recipient's bathroom. These include body soap, handwashing soap and skin cream. Management reported to us that care recipients and staff are very happy with the right products being available all the time.
- The home has installed a white board in the care office for registered nurses to summarise care recipients' major care issues and interventions, prompts for review of care plans, appointments and requests for tests. We were advised that registered staff find the board very useful and of great assistance in maintaining up to date information.

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

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional guidelines as referred to in expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance relevant to Accreditation Standard Two: Health and personal care include:

- Medications are stored and administered according to regulations and best practice recommendations.
- The home ensures care recipients are provided with services, supplies and equipment as required under legislation.

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 home has systems to ensure that staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Two: Health and personal care. Examples of education and training

attended by staff in relation to Accreditation Standard Two include: use of continence aids, overview of psychotropic medications, swab collection procedures, understanding Parkinson's disease, skin disorders in the elderly, constipation and diarrhoea, diabetes management.

2.4 Clinical care

This expected outcome requires that "care recipients receive appropriate clinical care".

Team's findings

The home meets this expected outcome

The home has systems, processes, policies and procedures to ensure care recipients receive appropriate clinical care. Review of documentation shows a comprehensive program of assessments are completed when a care recipient moves into the home and as required during their stay at the home. Individualised care plans are formulated, reviewed and updated by a registered nurse regularly and as required. Care is planned in consultation with the care recipient and their representative, the care recipient's medical practitioner and allied health professionals. Staff have a sound understanding of the clinical care process. The home has appropriate supplies of equipment and resources are maintained in good working order to meet the ongoing and changing needs of care recipients. Care recipients and representatives are satisfied with the clinical care provided and care recipients/representatives state they are informed of changes in the care recipient's condition and care needs.

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 has processes to identify the specialised nursing care needs of care recipients and care interventions are met by appropriately qualified staff. Treatment regimens guide staff practice in relation to oxygen therapy, catheter care, diabetes management, anticoagulation therapy and complex wound management. Staff are provided with education and training in relation to specialised nursing care and external consultative services and equipment is accessed if necessary. Care staff have an awareness of interventions such as observation and reporting responsibilities that assist registered staff and ensure the specialised nursing care needs of care recipients are met. Care recipients requiring specialised nursing care are satisfied with the care provided.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Clinical documentation shows care recipients are referred to external health professionals and any changes to care following specialist visits are implemented in a timely manner. A range of allied health professionals visit the home on a regular basis including a podiatrist, physiotherapist, speech pathologist, palliative care team and pathology services. Care recipients and representatives report management and staff ensure they have access to

current information to assist in decision-making regarding appropriate referrals to specialist services. Care recipients and representatives are aware of the availability of other health specialists if needed. Care recipients and representatives are satisfied with the way referrals are made and the way changes to care are implemented.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has processes to manage care recipients’ medication safely and correctly by appropriately qualified staff. Medication orders are prescribed by medical professionals and dispensed by pharmacy services. Medication charts reflect identification, allergies and specific administration instructions. There are processes to manage ‘as required’ (PRN) medications. The safety of the medication management system is monitored through analysis of any medication related incidents. Staff receive education and support in medication management. Care recipients and representatives are satisfied with the management of medications, as well as with the assistance and support provided.

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 implements a pain management system which ensures all care recipients are as free from pain as possible. Pain assessments are completed when the care recipient first moves into the home and staff said they are reviewed if the care recipient’s pain experience changes or increases. A multidisciplinary approach involving nursing and physiotherapy supports a care recipient’s pain management program. The home offers a combination of treatment options to manage care recipients’ pain, which includes heat, massage and exercise. Care recipients say the care provided at the home relieves their pain or it is managed so they are comfortable. Care recipients are assessed during care and medication rounds to ensure they do not have pain and to treat any pain they may have.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has a system for palliative care to ensure the comfort and dignity of terminally ill care recipients is maintained. Consultation and communication processes are used in order to ensure care recipients, representatives, care staff and all other health professionals are aware of the individual needs of the care recipient. Senior staff said the home is able to access the local palliative care team for advice and support. Care staff are aware of the processes to be used when a care recipient is requiring end of life care. Specialised equipment can be accessed when required to maintain care recipients’ comfort and staff are appropriately qualified. Care recipients and representatives appreciate that palliative care

services and end of life care is available within the resources of the home and a local palliative care team.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has processes in place to identify care recipients’ individual dietary needs and preferences. The home uses an external dietitian service to assist in the management of care recipients’ nutrition and hydration. Communication processes between nursing and catering staff are effective in maintaining current care recipient dietary information and ensuring care recipients receive the appropriate textures and diets. Care recipients are regularly weighed and care recipients with significant weight loss or gain are reviewed, care plans are modified and interventions (including supplements, textured or modified diets and more frequent weighs) for weight loss or gain are implemented. Care recipients are referred to their medical officer, speech pathologist or dietitian for assessment when the need is identified. The effectiveness of nutrition and hydration is reviewed during care recipients’ meetings, through audits and monitoring of clinical information and observation of care recipients. Care recipients and representatives are satisfied that the home provides adequate food and fluids.

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 and associated risk factors are assessed on an ongoing basis and care recipients’ skin integrity is monitored by care staff on an ongoing basis. Preventive measures implemented include the application of moisturisers, skin protective aids, specialised equipment (mattresses and chairs) repositioning and high protein diets where risk indicates. Staff receive training in safe and correct manual handling procedures. Registered staff are responsible for wound management, completion of treatment records, documenting interventions and wound monitoring. Care recipients and representatives are satisfied with the assistance provided to maintain care recipients’ skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure that care recipients’ continence is managed effectively, including the completion of a summary care within the first week of entry to ensure consistent quality of care is provided. The care recipient’s care plan is developed following the completion of assessment documentation, with their continence needs and interventions clearly defined in their care plans, which are reviewed three monthly. The home’s external continence aid supplier can be accessed as required for advice and the provision of staff training. Bowel management programs include the provision of high fibre diets and encouragement with fluids. Monitoring is via daily recording and this information is reviewed

by registered nurses with action taken as required. Urinary tract infections are monitored and preventive strategies are implemented when indicated. Care recipients and representatives advised care recipients are satisfied with the home's approach to continence management.

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 systems to effectively manage care recipients' with challenging behaviours. Documentation and discussions with management and staff show care recipients' behavioural management needs are identified by initial assessments and behaviour care plans are formulated. Behaviour management strategies include one-on-one and group activities which are regularly reviewed in consultation with the care recipient and/or representatives and other specialist services. Staff confirm they have received education in managing challenging behaviours and work as a team to provide care. The home has access to and utilises other health professionals including the dementia behaviour management advisory service (DBMAS). Staff were observed to use a variety of management strategies and resources to manage care recipients with challenging behaviours and to ensure the care recipients' dignity and individual needs are respected at all times. The home has an approach of a restraint free environment. Care recipients and representatives state they are satisfied with the way in which challenging behaviours are managed at the home. They noted that staff are discreet and supportive in their interventions.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home has processes to optimise care recipients' mobility and dexterity. All care recipients are assessed by a physiotherapist on entry to the home and as needs change. The physiotherapist who attends the home weekly, visits care recipients regularly and when requested. Group exercise sessions are provided for care recipients on a regular basis. Group exercise classes are held and aids such as balls are used to enhance care recipient dexterity. Falls incidents are analysed and are monitored in the quality clinical indicators. Staff are trained in falls prevention, manual handling and the use of specialist equipment. Assistive devices such as mobile frames, walk belts, mechanical lifters and wheelchairs are available. Care recipients and representatives report appropriate referrals to the physiotherapist and podiatrist are made in a timely manner.

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 care recipients' oral and dental needs. Care staff monitor care recipients' ability to self-manage their oral care and assist when required. Staff

assist care recipients to maintain their oral and dental routine including set up assistance, and soaking of dentures according to care recipient preference. Care recipients' day to-day oral care is attended to in line with individual care plans. Texture modified diets are available for those care recipients who experience difficulty chewing food. Care recipients are supported to access external appointments with dentists and dental technicians. 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

Information about each care recipient's care needs in relation to hearing, vision and speech is collected through the initial and ongoing assessment processes. Care interventions reflect identified personal preferences and sensory needs and are linked with other relevant care plans such as hygiene and leisure activities. Care recipients are referred to specialists including audiologists, optometrists and speech pathologist as needs indicate and in consultation with the care recipient and representative. The lifestyle program includes activities and resources to assist care recipients with sensory stimulation inclusive of taste, touch and smell. Care recipients with identified sensory loss issues are satisfied with the individualised management strategies and the assistance provided by staff.

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' normal sleep patterns and assistance required to achieve natural sleep are identified and assessed in consultation with the care recipient and representative. Care strategies are developed, communicated to staff and implemented in response to care recipients' needs and preferences. Staff provide assistance when care recipients have difficulty sleeping which includes the provision of refreshments and snacks, attending to hygiene care and re-positioning if required. Pharmacological intervention is available as prescribed by the care recipients' medical officers. Care recipients report that they sleep well and are satisfied with the assistance that staff provide during the night if this is required.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of improvements in relation to Standard Three over the last year include:

- As a result of feedback from care recipients, the home has increased the recreation officers’ hours. There has been an increase in the overall variety of activities available as well as an increase in singing and dancing activities and bingo events. Care recipients said they are very happy with the activities program, the variety of activities and especially appreciate the singing and dancing activities.
- The home recently introduced regular outings to a local Chinese restaurant. We were told that care recipients look forward to these outings and greatly enjoy the dining experience in a restaurant.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional guidelines as referred to in expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance relevant to Accreditation Standard Three: Care recipient lifestyle, include:

- Offering an agreement to care recipients for signing on entry to the home that meets the requirements of the Aged Care Act 1997 and the User Rights Principles.
- The Charter of Residents’ Rights and Responsibilities is displayed in the home and is included in documents which are provided to all care recipients.

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. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Three: Care recipient lifestyle. Examples of education and

development attended by staff in relation to Accreditation Standard Three include: elder abuse procedures, culturally appropriate activities

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 receives support in adjusting to life in the new environment and on an ongoing basis. This information assists staff to settle care recipients into the home. Visiting family and friends are welcomed, birthdays are celebrated and outings are arranged. Care recipients are encouraged to decorate their room with personal items to help create a homelike atmosphere. Case conferences are held with care recipients/representatives as needed. One to one visitation is provided to care recipients by recreational activities officers especially those tending to self-isolate. Information regarding the care recipient/representatives' level of satisfaction with the provision of emotional support is gained through survey, case conferences and feedback systems. Care recipients/representatives are satisfied with the way they are assisted to adjust to life at the home and the ongoing emotional support they receive.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients/representatives advised care recipients are encouraged to maintain their independence and friendships. Staff and the physiotherapist provide a range of group and individual exercise programs to promote care recipients' functional independence. The recreational activities officer organises a range of community outings including bus trips, visits to the cinema, and lunches at local restaurants. School groups, professional entertainers and volunteers attend the home and spend time with care recipients. Care recipients are able to access newspapers and telephones. A range of activities are available at the home to support care recipient's independence. The recreational officer will arrange postal votes for care recipients who wish to vote during government elections. Care staff stated they prompt and encourage care recipients to do as much as they can.

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 each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Information relating to care recipients' right to privacy, dignity and confidentiality is noted in the care recipient handbook. Care recipients are provided with their own ensuite room and treatment is conducted in the privacy of their room. Care recipient information is discussed in private. Care recipients' personal

documentation is securely stored. The importance of maintaining care recipients' confidentiality is noted in the staff handbook. Observations identified staff communicate with care recipients in a courteous and respectful manner. Care recipients/representatives interviewed are satisfied with how staff support care recipients' privacy, dignity and confidentiality.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

The home has a comprehensive individualised activities program in place to support care recipients' cultural and personal preferences. On entry to the home an assessment of leisure interests is undertaken and an individualised care plan developed. The activities program is provided six days per week and includes group and individual activities. Care recipients' attendance at activities is monitored to ensure the activities programed are popular and are meeting preferences. The activities program is discussed during care recipient meetings and care recipients and representatives are encouraged to have input into the program. Programs include a wide range of activities based on individual assessed needs and capabilities of care recipients. These include physical exercise; weekly bus trips; mental stimulation; general social interaction; cultural, spiritual and special events and one to one time. Care recipients are advised of upcoming activities through activities calendars and the recreational activities officer personally inviting them to attend the activities program. Activity programs are on display in the home. Care recipients' birthdays are celebrated and involvement from families and friends is encouraged. Staff maintain participation records and evaluate activities to identify levels of interest in the program provided. Care recipients/representatives expressed satisfaction with the lifestyle and activities program provided. Care recipients stated they enjoy the activities program and whilst they are encouraged to participate their decision not to do so is respected.

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 identifies, supports and respects care recipients' individual cultural and spiritual needs. Information about care recipients' specific cultural and spiritual needs is identified on entry to the home and included in their care plans. Specific cultural and spiritual days such as Chinese New Year, Ancestors' Day, Buddha Birthday Festival, Dragon Boat Festival, Chung Yang Festival, Moon Festival, Christmas and Easter are celebrated. The home is visited by religious groups from a variety of denominations. The home is located next to a Buddhist temple and care recipients attend according to their spiritual needs. Staff also arrange for other religious personnel to visit care recipients upon request. Representatives are encouraged to celebrate cultural events with care recipients. Care recipients' preferences not to participate in cultural and spiritual events are respected. Care recipients stated staff respect and support their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Care recipients expressed satisfaction with their choices and control over the care and services provided at the home. Care recipients/representatives are invited to attend case conferences to discuss their personal preferences on the care and services being provided. Staff record care recipients' individual preferences regarding meals, recreational activities, showering times and sleep requirements in the care recipient's care plan. Care recipients individualised their personal living areas to meet their preferences. Care recipients are supported to vote in government elections if this is their inclination. The Charter of Care Recipients' Rights and Responsibilities is displayed in the home in English and Chinese. Care recipients/representatives are able to participate in decisions about the care and services provided at the home through care recipient meetings and discussions with the management team. Care recipients' decisions not to participate in activities or treatment is respected.

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 has processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure, fees, care, services and care recipients' rights is discussed with care recipients and/or their representative prior to, when possible, and on entering the home. All care recipients are offered a care recipient agreement and handbook which outline care and services, care recipients' rights and the complaints resolution processes. Room moves only occur with prior consultation and consent from the care recipients and/or their representative. The manager has an 'open-door' policy and ongoing communication with care recipients/representatives is encouraged through scheduled meetings, forums, case conferences and notices. Care recipients/representatives indicated satisfaction with care recipients' security of tenure at the home and their awareness of care recipients' 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

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of improvements in relation to Standard Four over the last year include:

- The home has an established central heating system and in 2014 also installed air conditioning units in each care recipient’s room as well as other areas throughout the home. The care recipients and visitors are very happy with this improvement as there are more choices to increase the heating in winter, as well as provide cooling on hot summer days.
- In 2014, in response to concerns raised by the work place health and safety committee, the home purchased two new lifting machines. Staff said that the older machines were becoming difficult to use and one was very difficult to move around the home. Staff advised us that they are very happy with this improvement.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional guidelines as referred to in expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance relevant to Accreditation Standard Four: Physical environment and safe systems include:

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations and the annual fire safety statement is displayed.
- A current NSW Food Authority licence is displayed and a food safety program has been implemented as required by the NSW Food Safety Authority.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure that staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to

Accreditation Standard Four: Physical environment and safe systems. Examples of education attended by staff in relation to Accreditation Standard Four include: fire and safety, manual handling, influenza outbreak management, hand hygiene, assisting with feeding.

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

Care recipients in the home are accommodated in large single rooms with ensuite bathrooms over two levels serviced by an elevator and stairs. There are also a number of double rooms for couples. Wide corridors in a well-lit environment make it easy for care recipients to move around the home. There is a spacious lounge-dining area which opens onto a covered outdoor area with access to a garden which is landscaped with features of cultural significance. The home is well ventilated and maintains a comfortable temperature. Maintenance programs and a regular cleaning schedule ensure that the home's environment is well maintained. The safety and comfort of the living environment is monitored through feedback from meetings, audits, environmental inspections, incident and hazard reporting and observations by staff. Care recipients and their representatives said the living environment is comfortable and meets their needs.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Management and staff indicated the home has systems to help ensure the provision of a safe working environment for staff, visitors and care recipients. The home has systems to help promote work place safety and awareness that includes education during staff orientation and on an ongoing basis. Other mechanisms include manual handling training, discussion of work health and safety issues at meetings, environmental audits, hazard and incident and accident reports. Issues identified by staff through the work, health and safety system are followed up and actioned appropriately and in a timely manner. Staff interviewed confirmed management actively works towards ensuring their work environment is safe.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to minimise fire, security and emergency risks. These include regular checks of equipment by staff and contractors and emergency and fire evacuation procedures. The home is equipped with fire warning and firefighting equipment, extinguishers and fire blankets, all of which are regularly checked and maintained. Evacuation diagrams

are displayed in public areas throughout the home. Staff confirmed they attend compulsory education for fire training and management monitors their attendance. Emergency exits are clearly marked and pathways to exits were observed to be free of obstructions with exit doors operating as designed. Staff and care recipients demonstrate knowledge of the home's fire and emergency procedures with care recipients feeling safe at the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program to identify, contain or prevent potential and actual sources of infection including a plan in the event of an outbreak. Education is provided for staff in infection prevention and staff demonstrated an understanding of infection control practices relating to their area of work. Processes are established for the identification of care recipient infections and staff are kept informed of infection incidence through the communication book, handovers and at meetings. Staff monitor temperatures of fridges and freezers, use and understand colour coded equipment and wear protective clothing when required. Hand washing facilities and personal protective equipment are available for use by staff. Staff demonstrated an understanding of, and commitment to, infection control principles and guidelines. Systems for waste management, spills, sharps disposal and effective pest control are in place. Temperatures of equipment for cold food storage and medication refrigerators are monitored to minimise the risk of contamination.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Care recipients are provided with a four-week rotating menu. Food is fresh cooked on site by two cooks, one providing for northern Chinese tastes, the other for Cantonese tastes. Care recipients' preferences and special dietary considerations are communicated to kitchen staff and changes made as required. Alternative meals are made for care recipients who have dislikes, allergies and other special needs. Care recipient meals are served in the dining room or in their room via a tray service if they so choose. Care recipients are provided with an onsite laundry service for personal clothing, linen and towels. Laundry return is timely and distributed by laundry staff. Cleaning services ensure that care recipient rooms, common areas and service areas are cleaned on a regular basis. Ongoing monitoring of staff practice ensure cleaning standards are maintained and principles of infection control and work health and safety are adhered to. The home's environment was observed to be clean during the Re-accreditation audit and care recipients/representatives interviewed confirmed satisfaction with the catering, cleaning and laundry services provided by the home.