



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Advantaged Care at Georges Manor RACS ID: 0822

Approved Provider: Advantaged Care Pty Ltd

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 13 October 2017

Reconsideration Decision

An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 5 March 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 23 April 2015 to 23 November 2018.

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

13 October 2017

Accreditation expiry date

23 November 2018



Australian Government

Australian Aged Care Quality Agency

Advantaged Care at Georges Manor

RACS ID 0822
111 Bellevue Avenue
Georges Hall NSW 2198
Approved provider: Advantaged Care 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 23 April 2018.

We made our decision on 05 March 2015.

The audit was conducted on 03 February 2015 to 05 February 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

Advantaged Care at Georges Manor 0822
Approved provider: Advantaged Care Pty Ltd

Introduction

This is the report of a re-accreditation audit from 03 February 2015 to 05 February 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 03 February 2015 to 05 February 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:	Catherine Shands
Team member/s:	Hiltje Miller

Approved provider details

Approved provider:	Advantaged Care Pty Ltd
--------------------	-------------------------

Details of home

Name of home:	Advantaged Care at Georges Manor
RACS ID:	0822

Total number of allocated places:	144
Number of care recipients during audit:	139
Number of care recipients receiving high care during audit:	135
Special needs catered for:	Dementia

Street/PO Box:	111 Bellevue Avenue	State:	NSW
City/Town:	Georges Hall	Postcode:	2198
Phone number:	02 8713 0800	Facsimile:	02 8713 0888
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Residents/representatives	19
Facility manager	1	Catering staff	4
Director of care	1	Laundry staff	2
Group quality and compliance manager	1	Cleaning staff	3
Clinical care co-ordinators	2	Maintenance staff	1
Registered nurses	3	Receptionist	1
Care staff	15	General practitioners	2
Diversional therapist	1	Physiotherapist	1
Recreational activity officer	1	Physiotherapy aide	1

Sampled documents

	Number		Number
Residents' files	16	Personnel files	8
Medication charts	11	Residents' agreements	12
Wound charts	12	Diabetic management plan GP directives	6
Bowel charts	10	Nurse initiated PRN medication sheets	11
Incident forms	10	Pain management charts	16

Other documents reviewed

The team also reviewed:

- Catering, cleaning and laundry: NSW Food Authority Licence, food safety folder, menus, food storage and food temperature records, dishwasher temperature records, instrument calibration records, audits, delivery temperature records, kitchen inspection check lists, kitchen cleaning records, cleaning schedules/duty lists, laundry manual and cleaning schedules, meal preferences, supplements list, menu cards
- Clinical documentation: discharge summaries, shower list, bed sensor lists, red alert charts, hearing aid signing chart, pressure area care charts, exercise programs, falls prevention program, diabetes management plans, weight charts, observation charts, catheter and line management charts, automated peritoneal dialysis chart, pad allocation folder, red alert charts, behaviour monitoring charts, urinalysis charts, pad allocation folder, 24 hour behaviour time chart, allied health reports, end of life wishes
- Comments and complaints: corrective action records (CAR), comments and complaints forms and register
- Continuous improvement: clinical indicator reports, internal and external audits

- Education and staff development: mandatory education, annual employee education, education calendar, education evaluations, Aged Care Learning Solutions records, orientation program, attendance records
- Fire, security and other emergencies: fire alarm register, evacuation plans, emergency procedure guide, bushfire services manual, Disaster Management Plan, emergency flip charts
- Human resource management: duty lists, employee orientation pack and handbook, rosters, changes in shift form, position descriptions, staffing level monitoring documents, duty lists
- Infection control documentation: clinical indicator data, infection reports, infection lists and surveillance reports, pest control records, outbreak folder, vaccination registers, pathology reports
- Information systems: IT systems, policies, procedures, meeting minutes, memoranda, meeting schedule, surveys, phone lists, communication books, doctors' folder, handover sheets, newsletters
- Inventory and equipment and external services: contractor service agreements, Register of Practitioners
- Leisure and lifestyle bus outing forms, recreational therapy external venue risk assessments, recreational activity evaluation sheets, recreational activity participation records, activities programs, activities manual, record of visits, authority to give consents
- Living environment: preventative maintenance work order schedule, work orders, service reports, legionella testing, mixing valve temperature records, computerised maintenance register, building and assets organisation chart
- Medication fridge temperature monitoring charts, schedule 8 delivery forms, schedule 8 drug register, pharmacy agreement, pharmacy admission notices, missed medication reports, signature register, patch application and checking form, narcotic pain management charts
- Occupational health and safety: material safety data sheets, risk management process tools, WHS system compliance internal audit report, safe work practice documents, falls prevention manual
- Physiotherapy pain management record, physiotherapy treatments records, exercise guidelines, physiotherapy treatment directive, manual handling charts
- Planning and leadership: organisational chart, philosophy of care, Advantage Care – Georges Manor Vision
- Regulatory compliance: reaccreditation self-assessment, register of alleged or suspected assaults, missing resident register, criminal record checks, professional registrations, letter notification of reaccreditation audit for residents and representatives
- Security of tenure: residents admission packs, pre-admission client agreements, resident handbook

Observations

The team observed the following:

- Activity program on display; residents participating in activities and activity resources
- Archive storage
- Cleaning equipment colour coded, chemicals in use and storage
- Complaints, comments and compliments forms, suggestion boxes, poster and brochures, external advocacy services

- Emergency evacuation back packs, first aid boxes, emergency torches
- Equipment and supply storage areas
- Equipment available and in use for manual handling such as lifters, hand rails, ramps, walk belts, pressure relieving, limb protecting and mobility equipment
- Fire safety equipment, fire boards, exit lights, evacuation plans and emergency signage
- Infection control equipment: outbreak management kits and personal protective equipment (PPE), hand wash stations, hand sanitiser dispensers around the home, contaminated waste bin, colour coded cleaning equipment, sharps containers
- Interactions between staff, residents and representatives
- Laundry equipment including, soiled linen and clothing bins, resident's laundry
- Living environment and staff work areas
- Lunch time meals in progress with staff assisting residents
- Medication administration rounds, secure storage of medications and medication trolleys, medication fridge, pathology fridge
- Menu displayed
- Notice boards for staff and residents, information brochures on display for residents, visitors and staff
- Nurse call system
- Safety data sheets, spills kits
- Secure storage of residents' files
- Sensory kits, palliative care kits
- Short small group observation in Eucalyptus 2
- Staff practices and courteous interactions with residents, visitors and other staff
- Vision, Charter of Residents' Rights and Responsibilities displayed
- Visitors sign in/out books

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 assists them to actively pursue continuous improvement across all four Accreditation Standards. The quality framework supports the identification, implementation and evaluation of improvement opportunities and activities. Processes used to identify improvement opportunities and to review performance include scheduled regular audits, analysis of incidents and clinical indicators and stakeholder input through the comments and complaints system. Surveys and direct feedback from residents, relatives and staff also contribute to the home's quality framework. Information about improvements is communicated to stakeholders through meetings and associated minutes, newsletters and notices. Residents, representatives and staff reported the home's management is responsive to their suggestions for improvement.

Recent improvements relating to Accreditation Standard One include:

- In August 2014 comments recorded in a relative satisfaction survey identified various issues which required follow up. The facility manager personally contacted all identified respondents who made comments and suggestions, acknowledged and discussed their concerns and followed up on actions as needed. This resulted in effective communication which residents and relatives expressed satisfaction with the process.
- The Facility Manager and the Director of Care identified an increase in care hours was required to maintain an optimum level of care for the residents. The roster was reviewed, a proposal formulated and approved and changes made to the roster. The increased hours meets the needs of the residents.
- The Employee Satisfaction Survey indicated staff felt there was a lack of communication between staff and management. The following steps were put into place: the display of the staff meeting calendar in the staff room; placement of a staff meeting agenda in the staff room for staff to fill in topics they would like discussed at the next meeting; staff meetings to be programmed on the same day as staff appreciation day resulting in increased staff attendance and to address issues of concern at the meetings.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

There are systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Advantaged Care at Georges Manor

management team monitors legislation, regulations and guidelines and updates and issues policies in response to changes. Managers have access to information directly from an industry peak body and through subscriptions to a variety of information services. The home's management team monitors the implementation of regulatory changes and adherence to regulatory requirements through audit processes and observation of staff practice. Communication to staff about changes in policy and procedure occurs through verbal, electronic notifications, meetings, memoranda and staff education programs.

Examples of compliance with regulatory requirements specific to Accreditation Standard One - Management systems, staffing and organisational development include:

- The organisation is ensuring that all staff and relevant volunteers and contractors have a police record check, statutory declaration and are cleared to work at the home.
- The professional registration status of registered nurses who work at the home and visiting allied health practitioners and general practitioners is being monitored on an ongoing basis.
- Management at the home notified residents and their representatives in advance of the upcoming re-accreditation audit and of their opportunity to speak with the assessors in confidence.
- Mandatory reporting guidelines regarding elder abuse have been implemented at the home. Consolidated records of reportable incidents are maintained.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

There is a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. There is a comprehensive induction and orientation program for all new staff to familiarise them with their new work environment. There is an education program, including topics covering the four Accreditation Standards. The education is developed with reference to regulatory requirements, staff input and management assessments. It includes the use of an aged care education subscription service, the implementation of a new eLearning system, in-service training by the education coordinator, registered nurses, training by visiting trainers and suppliers, and access to external training and courses and self-directed learning. Records of attendance at training are maintained and the effectiveness of the training is monitored through skill based assessments and post-education observations. Management and staff interviewed report they are supported to attend relevant internal and external education and training. Residents and representatives interviewed are of the view staff have the skills and knowledge to perform their roles effectively.

Review of the education documentation and interviews confirmed education has been provided in relation to Accreditation Standard One.

Examples include orientation of new staff, structure of the organisation, compulsory education for all staff, complaints mechanisms and policies and procedures.

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

Comments and complaints can be made verbally and in writing. Information about how to do so is provided through discussion, documentation and brochures and notices displayed in the home. There are suggestion boxes for confidential lodgement of feedback and information about advocacy services is accessible. Comments and complaints are followed up by the relevant department with feedback provided after consideration and action if appropriate. Staff know what to do if a resident or representative approaches them with a complaint. Residents and representatives are confident management would be responsive to any complaints they put forward.

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 management and staff of Advantaged Care at Georges Manor are committed to the provision of quality care and services for residents. The home's Vision is recorded in key documents and displayed on the wall of the home. A Board of Management meets to oversee the running of the home and to guide management in the provision of quality care and services for residents.

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 is a master roster with flexibility to adjust staffing levels and skills mix based on changes in residents' needs. Rostered shifts are filled with permanent and casual staff without need to use agency staff. Policies and procedures guide staff recruitment and processes are in place for orientation of new staff. The knowledge and skill base of staff is monitored through observations by management, skills assessments and knowledge based questionnaires, and feedback obtained through the continuous improvement system. Staff generally say they have sufficient time to complete their duties. Residents/representatives say staff are competent and kind and are generally responsive to the needs of residents.

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

Relevant staff are familiar with the home's procedures for ordering, checking, registering, distributing, and replacing goods and equipment. Research is carried out and trials take place where possible prior to purchasing new equipment and supplies. Staff are trained in the use of new equipment. Equipment is checked and serviced through the preventative maintenance program by maintenance staff and external contractors. Management advises they are able to purchase equipment and supplies needed for staff safety and delivery of quality resident care. Observation and feedback from staff, residents and their representatives confirms this.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Information is shared with residents, representatives and staff in a variety of ways including regular meetings, correspondence, notices, memoranda and through education. Handovers and communication books are used by staff and external service providers to share relevant information about residents' needs and preferences. There are policies and procedures covering all areas of operations which can be accessed by management and staff. Confidential records and electronic data are securely stored, backed-up, and can only be accessed by relevant personnel. Staff say there is good communication and residents/representatives say they are kept informed of matters relevant to them.

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

Preferred suppliers are identified by the organisation with relevant checks undertaken, formal agreements entered into, and orientation provided. Relationships with preferred suppliers are managed on an ongoing basis to ensure quality products and services are provided. There is a process for management at the home to provide feedback to the organisation about the performance of contractors and suppliers. Management is also proactive at a local level in addressing issues of poor performance by external service providers. Contact lists are available to management and staff so they can access relevant external service providers when needed, including outside of business hours. Management and staff are satisfied with the arrangements in place for external service provision.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for a description of the overall system of continuous improvement. In relation to Accreditation Standard Two - Health and personal care the system is monitored through audits, clinical indicator results and feedback from residents/representatives, health professionals and staff.

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

- In November 2014 the psychotropic drug audit required the home to identify residents who are prescribed psychotropic medication. The home liaised with a medication review provider and an audit was completed, results were reviewed and management liaised with general practitioners to ensure residents' diagnoses support the use of psychotropic medications. Residents who are prescribed psychotropic medications have a diagnosis to support the use of psychotropic medication.
- The Director of Care identified the need to purchase equipment to improve the comfort of palliative care residents. This resulted in setting up of three palliative care boxes, the purchase of air diffusers, soft music CDs and CD players. The comfort and dignity of residents requiring palliative care is maintained and staff have ready access to appropriate equipment.
- The Director of Care identified there was a risk of residents returning from hospital not being thoroughly assessed and changes to care not being identified on return to the facility. The home introduced the 'Resident Assessment on Return from Hospital process policy and flow chart'. The form has been implemented and residents' clinical condition is thoroughly assessed and monitored. Changes to residents' condition, care and medications are identified, communicated and followed up appropriately.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

Examples of regulatory compliance with regulations specific to Accreditation Standard Two - Health and personal care include:

- There is a system of review by an accredited pharmacist of residents' medication management.

- Registered nurses initially assess and plan care and provide ongoing management and evaluation of residents as specified in the Quality of Care Principles 2014.
- Medications are stored and managed in line with NSW state legislation requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples include education and training that management and staff attend relating to Accreditation Standard Two and include: behaviour management and communication, dementia management, continence management and diabetes.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems and processes in place to assess, identify, monitor and evaluate residents’ individual care needs to ensure they receive appropriate clinical care. After an initial assessment period comprehensive care plans are formulated, reviewed and monitored by a registered nurse every three months and more often if required. Care is planned in consultation with residents/representatives, the residents’ general practitioners and allied health professionals. Clinical assessments are conducted during the admission process and reassessments are conducted if a resident’s condition or care needs change. Clinical performance is monitored through regular audits and staff have a good understanding of the clinical care process. There is a system for recording and reviewing accidents and incidents. The home has appropriate supplies of equipment and resources that are maintained in good working order. Residents/representatives expressed satisfaction with the care that residents receive stating it is appropriate and meets their needs and preferences.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

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

for the provision of residents' specialised nursing care needs. Residents/representatives say they are satisfied with the nursing care provided for specialised needs.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Clinical assessments, the resident's medical history and consultation with residents/representatives provide information on the resident's needs to access specialists or other health related services.

Examples of health specialists visiting the home include podiatry, dietetics, speech pathology and a psycho-geriatrician. Referrals to external appointments are arranged and staff said residents are accompanied by their representative or other transport arrangements are made if required. The residents' care plans and progress notes include health specialists' recommendations and ongoing care interventions. Residents/representatives are satisfied with the access and availability of other health specialists and related services.

2.7 Medication management

This expected outcome requires that "care recipients' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

The home has policies and procedures for the safe and correct management of medication and all staff responsible for administering medications, are appropriately trained. Staff complete medication rounds using a pre-packed system of medications supplied by a pharmacy. Observation identified staff store medications safely and correctly. Staff report medication incidents which are documented, investigated and followed up by management. A pharmacist conducts medication reviews and results are provided to the resident's general practitioner for review. Regular audits of the medication system are undertaken to monitor and ensure safe and correct administration. Residents/representatives said they are satisfied with the home's management of residents' medication.

2.8 Pain management

This expected outcome requires that "all care recipients are as free as possible from pain".

Team's findings

The home meets this expected outcome

There are systems to ensure all residents are as free as possible from pain. Initial assessments identify any pain a resident may have and individual pain management plans are developed. Staff use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Documentation shows staff provide a range of strategies to prevent and manage residents' pain including clinical and emotional needs. Alternative approaches include massage, heat packs, regular repositioning and use of pressure relieving devices. Staff liaise regularly with general practitioners and allied health personnel to ensure the effectiveness of pain management interventions are

followed up and referrals to other services are arranged as needed.
Residents/representatives expressed satisfaction with pain management.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home provides end of life care for residents which respects their privacy and dignity and ensures their comfort. An assessment and care planning process supports staff to identify the resident’s needs and preferences for end of life care in consultation with the resident/representatives. Strategies and interventions vary depending on residents’ wishes, diagnosis and condition and include spiritual support and pain management. The home discusses end of life care with residents/representatives during case conferences and further discussion takes place when appropriate. Staff receive education about managing the palliative care needs of residents, have access to a palliative care team for advice and access to specialised equipment as required.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents’ special dietary needs and preferences are identified when they first enter the home and include swallowing difficulties, special diets and individual preferences. Information about residents’ dietary needs that include food allergies, special diets and food and drink preferences are recorded and available for staff to access. Residents’ weights are monitored and recorded monthly and the registered nurse liaises with the resident’s general practitioner, dietician or speech pathologist as needed. Residents were observed being served and assisted with meals and drinks. Staff could discuss the provision of nutritional supplements, special diets and modified food textures used for residents with specific requirements. Residents/representatives interviewed are satisfied with the choices offered and the quality of the meals.

2.11 Skin care

This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents’ skin integrity is consistent with their general health through initial and ongoing assessments and care planning. Care staff observe and report changes such as redness, skin tears, pressure areas or bruising to the registered nurse. The registered nurse oversees the provision of skin and wound care management. Care staff confirmed they assist residents to maintain their skin integrity by using equipment such as pressure relieving devices, repositioning and safe manual handling practices. Podiatry and hairdressing services are available at the home. Monitoring of accidents and incidents including wounds, skin tears and bruises occurs through the incident reporting

system. Residents/representatives say they are satisfied with the skin care provided at the home.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

The continence management system promotes the dignity, comfort and well-being of residents. Continence assessments provide information for care planning including toileting needs, dietary interventions and the use of continence aids and equipment as needed. The effectiveness of the continence and bowel management programs is monitored and recorded each shift and any anomalies are followed up by the registered nurse. The home’s continence aid supplier can be accessed as required and provides training to staff in continence management and the correct use and fitting of continence aids. Staff confirmed there are adequate supplies of continence aids available. Residents/representatives say they are satisfied with continence management provided by the home.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Clinical assessments, consultation with residents/representatives and monitoring of behaviour identifies triggers and interventions to ensure the needs of residents with challenging behaviours are managed effectively. Individual activities are provided to residents with challenging behaviours and assists with their needs and interests. Acts of resident aggression are reported and reviewed to identify causes and the effectiveness of ongoing treatment strategies. Documentation shows there are referrals to specialist services to assist with managing challenging behaviours. Restraint is not used in the home and staff were observed to be interacting with residents in a calm and patient manner. Residents/representatives generally say the needs of residents with challenging behaviours are effectively managed.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents are assisted to maintain optimum mobility and dexterity for as long as possible. Physiotherapists and registered nurses provide assessment and therapy planning for new residents and the review of residents whose condition has changed. Individual programs are provided by a physiotherapist and physiotherapy aides and include pain management, gentle exercise and massage. Group exercises are conducted during the week by the physiotherapy staff and recreational activity staff. Documentation shows falls incidents are reviewed, monitored and reported as part of the incident management reporting system. The physiotherapist provides manual handling education to care staff and equipment to assist residents to mobilise is maintained in good working order.

Residents/representatives are satisfied with the home's approach to maintaining the mobility and dexterity and rehabilitation of residents.

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

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

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

2.17 Sleep

This expected outcome requires that "care recipients are able to achieve natural sleep patterns".

Team's findings

The home meets this expected outcome

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

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

The home has implemented improvements in relation to Accreditation Standard Three Resident lifestyle including:

- The Director of Care and therapy staff observed that residents with dementia would benefit from having new items which address their sensory needs. The home purchased activity aprons and table cloths for the dementia specific units. Residents with dementia now have equipment which enhances their sensory needs.
- Residents indicated they are interested in having more frequent bus trips and selected activities. This was brought up at a resident and representative meeting and the activity program was adjusted to include residents’ choices and increased bus trips. Residents expressed they are satisfied with the variety and frequency of activities available and the increased opportunity to go on bus trips.
- Advantaged Care’s commitment in providing access for residents to a variety of entertainment in their rooms led to a decision to provide all residents with a DVD player and have access to cable TV. The home investigated, organised and connected DVD players and cable TV to all residents’ televisions. All residents have a DVD player for their individual use and have greater access and more choice regarding the availability of televised programs.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of regulatory compliance with regulations specific to Accreditation Standard Three - Resident lifestyle include:

- There is a policy, procedure and staff training for the reporting of alleged or suspected resident assault.

- The organisation's privacy policy has been reviewed and updated in line with the Australian Privacy Principles.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education and training that management and staff attend relating to Accreditation Standard Three include: the orientation and in-service programs covering topics such as; residents' rights, dignity and respect for residents, privacy and confidentiality, and compulsory training on the elder abuse/mandatory reporting.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems to ensure that each resident receives support in adjusting to life in the new environment and on an ongoing basis. Information regarding residents' cultural, spiritual and other interests is obtained soon after entry and assists staff to support residents to settle into the home. Visiting families and friends are welcomed, birthdays are celebrated and outings are arranged. Residents are encouraged to decorate their room with personal items to help create a homelike atmosphere. Staff provide residents with emotional support and arrange as required for one to one visits from religious representatives of the residents choice. Residents/representatives interviewed are satisfied with the way they are assisted to adjust to life at the home and the ongoing caring support they receive.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has systems to assist residents to achieve maximum independence, maintain friendships and participate in the community. Clinical assessments identify the independence level of residents and the amount of assistance they require on a daily basis to complete their usual activities. A range of individual and general strategies are in place to promote independence including the provision of services and equipment, an activities program and regular mobility and exercise regimens. Staff assist with mobility and leisure activities that actively seek the involvement of residents and promote mobility and independence. The home welcomes visitors and residents are encouraged to participate in activities outside the home whenever possible. Residents/representatives say they are satisfied with the

assistance the home provides in relation to residents' independence and continuing participation in the life of the community within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has systems to ensure privacy and dignity is respected in accordance with residents' individual needs. The assessment process identifies each resident's personal, cultural and spiritual needs, including the resident's preferred name. Permission is sought from residents for the disclosure of personal information and the display of photographs. Staff education promotes privacy and dignity and staff sign confidentiality agreements. Staff handovers and confidential resident information is discussed in private and residents' files are stored securely. There are areas available within the home where residents, relatives and friends can meet privately. We observed staff being respectful of residents' privacy and dignity as they attended to their care needs. Residents/representatives are satisfied with how privacy and dignity is managed at the home.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems and encourages and supports residents to participate in a wide range of interests and activities. Residents' activity needs, interests and preferences are assessed on entering the home and on an ongoing basis. The activities program includes special events, bus outings, art classes, walking groups, movies, reminiscing, exercises, word games, carpet bowls and happy hour. There are activities programs with specific activities for residents living with dementia. Review of documentation and observation shows the home encourages and supports residents to participate in a wide range of interests and activities of interest to them. Residents who are too frail or choose not to attend activities enjoy individual visits from staff. Residents/representatives are informed of the activities by receiving an individual program and through display on noticeboards throughout the home, and are satisfied with the activities provided to them.

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

Residents' cultural and spiritual needs are fostered through the identification and communication of residents' individual interests, customs, religions, ethnic backgrounds and end of life wishes during the home's assessment processes. The home recognises and celebrates culturally specific days with festivities consistent with the residents residing in the home. Church services are regularly conducted at the home for residents who wish to participate and religious representatives visit on a regular basis. The home celebrates

residents' birthdays and welcomes involvement from families. Residents say their customs and beliefs are supported and fostered by the home.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home demonstrates that each resident participates in decisions about the services the home provides and is able to exercise choice and control over their lifestyle through consultation about their individual needs and preferences. Documentation demonstrates residents' personal preferences are identified on entering the home. Management has an open door policy to interact with residents/representatives when needed. Processes include one-on-one interviews, discussions with staff and management, completing surveys and other feedback mechanisms. Observation of staff practices and staff interviews demonstrate residents have choices available to them including waking and sleeping times, shower times, meals and activities. Residents and relative meetings are conducted to enable them to discuss and provide feedback about the services provided by the home. Residents are able to decorate their own rooms with personal belongings. Residents state they are satisfied with the support from staff with regard to their choice and decision making processes.

3.10 Care recipient security of tenure and responsibilities

This expected outcome requires that "care recipients have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

The home is able to demonstrate that residents have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and residents' rights and responsibilities is provided in the resident and accommodation agreements and the handbook. This is discussed with prospective residents and their representatives prior to and on entering the home. The Charter of Residents' Rights and Responsibilities is displayed and included in publications. Residents and representatives told us they are kept informed about matters of importance to them, they feel secure of residency within the home and 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

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvement initiatives relevant to Accreditation Standard Four are:

- Advantage Care identified the need to conduct environmental audits of the facility to ensure a safe work environment for staff and living environment for residents. Environmental audits were developed and utilised a web based platform to disseminate and collate audit results. This audit process was trialled and then implemented. The auditing system identifies any areas requiring improvement and records actions taken.
- Management identified the current paper based Preventative/Reactive Maintenance program was cumbersome and it is difficult to keep track of outstanding maintenance issues. A customized group electronic maintenance system was developed to manage all aspects of scheduled and reactive maintenance tasks, capital equipment purchased and asset management. The electronic system captures all maintenance issue, records tasks and action taken. Programmed preventative maintenance is completed as per schedule, reactive maintenance and breakdowns are managed in a timely manner and equipment is kept in good repair. The electronic system accesses the system via an iPhone increasing efficiency.
- Resident Food Satisfaction Survey identified dissatisfaction with the variety and temperature of food being served. A meeting was held with the catering chef and assistance cook regarding the menu. The menu was reviewed with catering staff and meals were delivered to Waratah 1 in a hot box and care staff from Bluebell 1 and Waratah 1 collect the hot box and food trolleys from the main kitchen. Residents are satisfied with the quality of meals served.
- An audit identified that the cleaning in the kitchen area was not up to a high standard. The cleaning plan was reviewed and implemented and the kitchen was spring cleaned. Staff received education in the correct processes. The kitchen now meets a high standard of cleanliness and achieved an “A” rating from the NSW Food Safety Authority.

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

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard Four include:

- The home has a current annual fire safety statement and maintains its fire prevention, alert and fighting systems and equipment on an ongoing basis.
- The home has a current licence with the NSW Food Safety Authority and is responsive to the findings in annual inspection reports.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and Staff Development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education and training that management and staff attend relating to Accreditation Standard Four include: the orientation and in-service programs which includes training in; fire safety, work health and safety, manual handling, infection control and outbreak management. Mandatory training is provided for all staff in fire safety, evacuation and emergency response awareness, manual handling and work place health and safety. Training in chemical safety is provided by an external supplier. Food safety training is provided for catering staff and external courses for fire safety officers.

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

Management demonstrate they are actively working to provide a safe and comfortable environment consistent with residents' care and lifestyle needs. Mechanisms, such as entry and orientation processes for new residents, satisfaction surveys and meetings provide information and allow residents and their representatives to contribute ideas about their living environment. The home has three levels with wide hallways, comfortable internal communal areas and well-kept garden and courtyard areas for residents to enjoy the sunshine and entertain visitors. Accommodation consists of pleasantly furnished single rooms with en-suites. Hand rails in the hallways, support equipment in the bathrooms, mobility aids, and access to a nurse call system contribute to safety in the living environment. Internal temperatures are comfortably maintained. Environment and safety audits are completed and actions implemented to correct any identified issues.

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

Regular environmental audits and inspections are carried out to pro-actively identify occupational health and safety issues. There are functioning hazard and staff incident reporting systems. Occupational health and safety is discussed at staff meetings where issues identified are investigated and actioned to eliminate or mitigate risk. Staff report safety equipment and supplies are available to them in sufficient supply. Education is provided to staff about safe manual handling and other relevant topics. There are policies and procedures to guide injury management and there is an employee assistance program to support staff. Staff say that management is responsive to staff suggestions and requests relating to safety.

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

Management and staff attend mandatory fire safety awareness and evacuation training each year and know what to do in the event of the fire alarm sounding. An annual fire safety statement has been obtained and is on display. Emergency exits are clearly marked and kept free of obstruction. There is an early warning detection system and fire-fighting equipment is being maintained. Emergency procedures have been reviewed, updated and relevant information is readily accessible to staff and others. Consideration has been given to the need for back-up emergency supplies to be kept on site and to be ready to take in case of evacuation. There are evening lock-up procedures which are carried out by staff. Audits are carried out covering aspects of the environment, including fire safety and security.

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

Staff are trained in infection control, have their hand hygiene practices assessed, and are given information, equipment and supplies to prevent and manage infection risks. Influenza vaccines are offered to residents and staff each year. The catering service complies with food safety requirements according to an inspection report and licence from the NSW Food Authority. Disinfection in the laundry is maintained through thermal and chemical means and workflow allows for separation between 'clean' and 'dirty' areas. Cleaning procedures are implemented across all areas of the home. Residents are monitored for signs and symptoms of infection and there is action in liaison with general practitioners as needed. Preparations have been made for managing an infectious outbreak. Infection rate data is collated and analysed to identify opportunities for improvement. Staff are knowledgeable about infection control principles and practices relevant to their work.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The hospitality services provided at the home are meeting the needs of the residents. Meals in the home are provided according to a seasonal four week rotating menu. Special meals are provided to residents with particular requirements. Fluids are thickened as needed and other requirements or preferences are catered for. Cleaning is undertaken by the home's staff according to schedules. Cleaning staff demonstrated an understanding of the home's cleaning schedules, infection control practices and safe chemical use. Personal clothing and linen is laundered onsite. The laundry staff explained processes used for the labelling, management and return of laundry to residents. Residents/representatives report general satisfaction with the hospitality services provided.