



**Australian Government**  
**Australian Aged Care Quality Agency**

**Reconsideration Decision**

**Albert Moore Gardens RACS ID: 0113**

**Approved Provider: RSL LifeCare Limited**

**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 10 November 2017

Reconsideration Decision

An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 21 May 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 12 July 2015 to 12 March 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

10 November 2017

Accreditation expiry date

12 March 2019



**Australian Government**  

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**Australian Aged Care Quality Agency**

**Albert Moore Gardens**

RACS ID 0113

Short Street

MERIMBULA NSW 2548

Approved provider: RSL LifeCare Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 12 July 2018.

We made our decision on 21 May 2015.

The audit was conducted on 14 April 2015 to 15 April 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**  

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**Australian Aged Care Quality Agency**

## **Audit Report**

**Albert Moore Gardens 0113**

**Approved provider: RSL LifeCare Limited**

### **Introduction**

This is the report of a re-accreditation audit from 14 April 2015 to 15 April 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 14 April 2015 to 15 April 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:	Margaret McCartney
Team member/s:	Philippa Clarke

## Approved provider details

Approved provider:	RSL LifeCare Limited
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## Details of home

Name of home:	Albert Moore Gardens
RACS ID:	0113

Total number of allocated places:	52
Number of care recipients during audit:	46
Number of care recipients receiving high care during audit:	45
Special needs catered for:	

Street/PO Box:	Short Street	State:	NSW
City/Town:	MERIMBULA	Postcode:	2548
Phone number:	02 6495 1421	Facsimile:	02 6495 3764
E-mail address:	Nil		

## Audit trail

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

### Interviews

	Number		Number
General manager - South	1	Residents/representatives	10
Facility manager/fire safety warden	1	Recreational activity officer	1
Care manager	1	Chaplain	1
Registered nurses	3	Physiotherapist	1
Care service employees (care, cleaning, laundry services)	5	Cook	1
Administration officer	1	Catering staff	3
Maintenance officer/work health and safety officer	1	Maintenance supervisor	1

### Sampled documents

	Number		Number
Residents' files (assessments, care plans, progress notes, medical officers reports and various forms and charts)	7	Medication identification charts, primary medication charts, signing sheets	17
Residents' blood glucose levels	3	Volunteer visitor sign in sheets	3
Wound/skin wound plan and evaluation	4	Personnel files	5
Resident agreements	5		

### Other documents reviewed

The team also reviewed:

- Accident and incident documentation: incident reports, incident summary report, general incident analysis, quarterly data and graphs, quarterly quality assurance reports
- Albert Moore Gardens self-assessment for re-accreditation
- Approved supplier list and records for supplies of goods and equipment
- Catering documentation: New South Wales (NSW) Food Authority audit, temperatures for refrigerators, freezers and meals, food allergies and preferences, food safety plan
- Cleaning schedule, cleaning task sign off sheets, cleaning manual
- Clinical care documentation: resident documentation matrix, handover sheets, communication diary, assessment dates list, care conference calendar, care conference letter, dementia care plan, weights and vitals charts
- Comments, complaints and suggestions documentation: comments and complaints register, completed forms
- Compulsory reporting register and flowcharts

- Contenance management documentation: bowel charts, bowel chart list, toileting times/contenance list, lists with residents' continence aid needs, email re staff continence training
- Continuous improvement documentation: quality assurance folder, plan for continuous improvement, audit schedule, annual quality plan and audit results, benchmarking, satisfaction surveys
- Contracts and service agreements
- Education documentation: orientation pack, education sessions calendar, staff education records, competency assessments, training matrix
- Fire safety and other emergency documentation: fire and emergency equipment checklist, fire service record books, fire training staff attendance records, disaster management plan
- Human resource documentation: staff handbook, staff information package, staff performance appraisals, code of conduct, staff roster, duty statements and position descriptions, staff handbook
- Infection control documentation: resident immunization list, staff immunization list, pest control records, infection control worksheets, list of residents identified with multi resistant staphylococcus aureus
- Information systems: residential care resident handbook, resident information package, memoranda
- Maintenance documentation: routine and preventative maintenance schedule, maintenance request book
- Medication management documentation: medication administration protocol, medication advisory committee meeting minutes, medication refrigerator temperature records, schedule eight register, medication incident reports, PRN (as necessary) medication charts, interim signing sheets, supplement signing sheets, nurse initiated medication authorities, information staff discussion forms, workplace assessments: medication administration competency, residential care managers monthly/quarterly report for medication incidents, self-medication assessments, pharmacy communication for anti-coagulant medication charting
- Meeting schedule
- Minutes of meetings: continuous improvement, general staff, clinical record meetings, resident and relative, medication advisory committee meetings
- Newsletters
- Nutrition and hydration documentation: dietician visits reports, dietary needs list, supplement list
- Pain charts
- Physiotherapy – physiotherapy assessments, manual handling instructions sheets, falls safety assessments
- Policies and procedures
- Privacy statement, privacy consent forms
- Recreational activity documentation: activity programs, photographs, recreational activity evaluation forms
- Regulatory compliance documentation: registered nurses registrations, criminal history checking documentation



- Resident list
- Skin care documentation: podiatry care plan by foot care nurse, skin care/pressure area care list, unresolved wounds register, wound photographs
- Specialised nursing care documentation: oxygen therapy record, urinary catheter care records, diabetes details sheets
- Staff sign in register
- Strategic plan, organisation plan
- Work health and safety manual, hazard report form (blank)

## **Observations**

The team observed the following:

- Activities in progress
- Archives
- Charter of Residents' Rights and Responsibilities on display
- Chemical storage area, safety data sheets
- Comments and complaints forms (internal and external) and other advocacy brochures on display
- Continence aid supplies and storage
- Dining rooms during lunchtimes, staff serving/supervising residents with meals, daily menu on display
- Equipment and supply storage areas
- Fire safety and fighting equipment: fire panel, fire extinguishers, blankets and hose reels, evacuation plans, emergency flip charts, evacuation backpack, evacuation tub, annual fire safety statement on display
- Fish tank
- Hairdressing salon
- Infection control equipment: clinical waste bin, spill kits, sharps containers, outbreak kit, hand washing facilities, colour coded equipment
- Interactions between care recipients, representatives, volunteers and staff
- Key coded secure doors
- Laundry collection room, clean laundry storage, resident laundry
- Lift between floors
- Living environment – internal and external
- Manual handling charts in resident rooms
- Medication storage, nurse initiated medications box, staff completing medication rounds
- Mission, vision and values on display
- New South Wales (NSW) Food Authority licence on display
- Newspaper deliveries
- Notice boards – resident and staff areas
- Nurses call bell system

- Personal protective equipment accessible to staff
- Recreational activity program on display, recreational activity equipment and supplies
- Residents using lounge areas on each floor
- Residents with mobility aids in use
- Secure storage of resident information
- Short group observation in dining area
- Staff work areas: kitchen, nurses/administration offices, staff room, cleaning store and equipment
- Storage of individual resident's nail clippers
- Suggestion boxes
- Tea/coffee making facilities for residents
- Visitor 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 actively pursues continuous improvement across all four Accreditation Standards through feedback forms, meetings, a program of audits and surveys, and analysis of monitoring data. Opportunities for improvement that are identified are recorded on a plan for continuous improvement. Strategies are developed, documented, monitored and evaluated to ensure satisfactory outcomes are achieved. Residents/representatives and staff are encouraged to actively contribute to this process and those interviewed reported they are aware of the ways they can make suggestions for improvement.

Recent improvements relating to Accreditation Standard One include:

- In November 2014, a new care manager position was created to oversee this home and another home within the organisation. This position is responsible for clinical governance and monitoring the increasing needs of residents. The introduction of the care manager has provided the staff with additional support for residents' care delivery.
- To ensure all staff are aware of the process to assist with a residents transfer to hospital, management created a single A4 reference sheet. The reference sheet supplies step by step instructions for staff to ensure an efficient transfer for the resident, and also ensures the home's policies and procedures are complied with. Feedback from ambulance officers has been positive regarding the prompt professional transfer of information. Care staff have advised the reference sheet limits the stress of the situation for residents as care staff are confident in their task.

#### 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 to identify relevant legislation, regulatory requirements, professional standards and guidelines. The organisation's executive management team notifies the home of changes and updates relating to regulatory compliance through scheduled meetings and emails. Management receives information from an aged care specialist organisation, government departments and agencies. Staff are informed of regulatory requirements, current legislation and guidelines. Mechanisms to disseminate information on regulatory compliance and professional standards and guidelines include policies and procedures, notice boards, training sessions and meetings.

Examples of regulatory compliance in relation to Accreditation Standard One include:

- Criminal history record checks are carried out for all staff
- Residents/representatives were informed of the re-accreditation site audit in accordance with the *Quality Agency Principles 2013*.

### **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

Management and staff have appropriate knowledge and skills to perform their roles effectively. Mandatory training, programmed training opportunities and competency skills assessment testing ensure staff have the necessary knowledge and skills to meet the needs of the residents in their care. Guest speakers, qualified staff, and on the floor training are used to ensure a variety of training is provided. There is a recruitment procedure and orientation process for new staff. All staff interviewed reported they have access to education on a regular basis.

Examples of education provided relating to Accreditation Standard One include: communication and written communication tips, documentation, incident reporting and the accreditation standards.

### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

The home has internal and external mechanisms for feedback and complaints available to all residents/representatives. On entry all new residents are made aware of feedback mechanisms and advocacy services outlined in the residential care resident handbook, the resident agreement and brochures. Feedback forms and brochures for accessing external complaints are readily available and there are multiple secure suggestion boxes. The facility manager has an open door policy and is available to assist with enquiries. Satisfaction surveys are conducted and resident meetings provide forums for feedback and updates on actions taken in relation to resident initiated issues. Complaints reviewed indicate issues are acknowledged, investigated and feedback is given to complainants. Residents/representatives say they are aware of how to make a comment or complaint and management are responsive to their concerns.

### **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 mission, vision, values and commitment to quality are well documented and on display in the home. They are also available to all residents/representatives, staff and other stakeholders in a variety of documents used in the home. All staff are required to abide by a code of conduct that is aimed at upholding the rights of residents and the home's mission, vision and values. Observations of staff interaction with residents demonstrated the vision and values of the home underpin the care provided to the 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

Management has systems to ensure there are appropriately skilled and qualified staff to meet the needs of the residents. New staff are screened through the recruitment process to ensure they have the required skills, experience, knowledge and qualifications for their roles. The orientation and education program provide the staff with further opportunities to enhance their knowledge and skills. There are job descriptions for all positions and electronic policies and procedures are accessible to all staff. The staffing mix and levels are determined with reference to residents' needs, and feedback from staff and residents/representatives. The performance of staff is monitored through competencies, meetings, audits, the feedback mechanisms of the home and ongoing observations by management. Staff interviewed said they have sufficient time to complete their designated tasks and meet residents' needs. Residents/representatives report they are generally satisfied with the care provided by the staff.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

There are systems and processes to order and have available stocks of goods and equipment appropriate for quality service delivery. Stock levels are managed, maintained and ordered by staff. Storage areas viewed show there are adequate supplies, stock is rotated and relevant items are stored appropriately in locked storage areas. Preferred suppliers are used and services are regularly monitored and evaluated. The maintenance supervisor oversees corrective and planned preventative maintenance programs. Staff and residents said there are adequate supplies of goods and equipment available for use.

## **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

Effective systems to provide access to current information for all stakeholders are available. Feedback, audits and survey results provide information to management about the home's performance. Staff are informed by the handbook, position descriptions and duty lists, handover, care documentation, communication books, memoranda, noticeboards and meetings. A password protected computer system facilitates electronic administration, care documentation and access to the organisation's policies, procedures and quality system. A resident agreement, information pack and handbook inform residents and representatives. Updated information is also provided through meetings, newsletters, noticeboards and verbal communication. Personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Residents/representatives reported they are kept well informed and consulted about matters that impact on 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

There is a system to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. Service agreements are entered into with contractors for the provision of services and all external service providers are required to have current licences, insurance and comply with relevant legislation and regulatory requirements. There are schedules for routine maintenance work to be undertaken by contractors and there is a list of service providers who are used on a needs basis. The home monitors the quality of goods and services provided by external service providers through observation, audits and feedback. Staff and resident/representative interviews indicated satisfaction with current external services.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the system used to actively pursue continuous improvement.

Examples of improvements at the home relating to Accreditation Standard Two include:

- Management identified care staff would benefit from specialised dementia care training. A clinical consultant was organised to attend the home and provide onsite education regarding both delirium and dementia. The clinical consultant reviewed several resident files with staff, in a group case study environment allowing care staff to participate in the assessment first hand. Staff appreciated the focused education and this resulted in given them improved confidence in providing appropriate dementia care.
- After identifying an increase in residents' mobility needs, the home arranged for the physiotherapist to review all residents care plans annually. Every two weeks the physiotherapist now completes a full suite of functional assessments for several of the residents. Pain, mobility and falls risk are all considered. Residents reviewed during the first quarter of the year are happy with the improved monitoring of their mobility.

### **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 information about the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about the health and personal care systems.

Examples of regulatory compliance relation to Accreditation Standard Two include:

- The home has a system to monitor and record registered nurses' registration.
- Management reported that in accordance with changes to the legislation on 1 July 2014 residents have been informed about their entitlements in relation to the supplying of toiletries by the home.

### **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 information about the home's system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Results of document reviews and interviews with management and staff reveal the home delivers education relevant to Accreditation Standard Two to promote residents' physical and mental health.

Examples of education provided specific to Accreditation Standard Two include: pain in the elderly, schedule eight medication administration and management, food allergy awareness, falls and wound care.

### **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 processes to support residents to receive appropriate clinical care. This includes assessment and care planning processes and residents access to medical officers. Management advised that many residents continue to visit their medical officers externally. Verbal and written communication processes are used to inform staff of residents' care needs and to inform medical officers of residents' health issues in need of review. Residents generally have their weights and vital signs recorded each month for monitoring their clinical condition. Residents and/or their representatives have opportunities for input into care delivery through the case conferences offered and ongoing verbal requests. Resident incidents are recorded and incident data is collated and monitored by the organisation. Residents/representatives expressed satisfaction with the care provided and the access to medical officers.

### **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 enable residents' specialised nursing care needs to be met. The home has registered nurses on site 24 hours a day, as registered nurse availability allows. Examples of residents' specialised nursing care needs currently supported include urinary catheter care, wound care and support for residents with diabetes. Records reviewed for residents' specialised nursing care needs show they are being met. Registered nurses reported they have access to sufficient supplies of equipment for residents' specialised nursing care needs. The home has access to clinical nurse consultants through the organisation and local community health for advice when required. Residents/representatives expressed satisfaction with the knowledge and skills of the nursing staff working in the home.



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

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to support residents to be referred to appropriate health specialists in accordance with their needs and preferences. Processes include assessing new residents’ needs and referring them to their medical officers for review when required. Documentation reviews and interviews demonstrate residents have been seen by health services which visit the home such as physiotherapy, mental health, pharmacy and pathology services. A dietician also reviews residents regularly. Management advised residents are required to access audiology, optometry and dental services externally. Management said residents are transported to external appointments by family members, a local transport service or in taxis. Residents/representatives expressed satisfaction with the access to health specialists and services in accordance with residents’ needs and preferences.

## **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

Residents’ medications are administered by care staff who have completed medication administration skills assessments or by registered nurses. A pre-packed medication administration system is in use. Management reported that registered nurses are to be consulted for the administration of residents’ PRN (as necessary) and nurse initiated medications. Documentation is maintained to guide staff with residents’ photographic identification and their medication allergies. Residents who choose to self-administer their medications have assessments for their suitability completed. A schedule eight register is maintained for schedule eight patches. Eye drop containers are labelled when opened and the temperatures of the medication refrigerator are recorded. The home has a medication advisory committee and medication incidents are recorded and benchmarked within the organisation. Residents/representatives expressed satisfaction with the support for residents’ medication management.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to support residents to be as free as possible from pain. This includes assessment and care planning processes and reviews by referring residents to their medical officers as indicated. Verbal and non-verbal pain assessments and pain charts are available for staff to use to review residents’ pain management needs. A physiotherapist is also available to review residents when indicated. Examples of strategies currently provided for residents’ pain management include the administration of pain relieving medications, narcotic patch applications and pain relieving cream applications. Care staff interviews demonstrated they would report residents identified to be experiencing pain to a registered nurse for review. Residents/representatives expressed satisfaction with the pain management provided.

## **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 processes to maintain the comfort and dignity of residents who are terminally ill. Management advised residents’ end of life wishes are identified through care conferencing and our reviews show the electronic care program includes palliative care planning. Staff advised there have been no residents who have required palliative care for some time or during their time of employment in the home. However, the staff demonstrated an understanding of the support needs for residents should they become terminally ill. Staff advised the home has one room with a larger ensuite available to support residents with increased needs when required. Residents also have single rooms to support their privacy and dignity. Management reported the representatives of residents who are terminally ill can stay in the home overnight if desired. The local parish’s chaplain and volunteers are available to support residents and their families when required. Management said the local hospital’s palliative care team will attend the home on request.

## **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 to support residents to receive nourishment and hydration. This includes the assessment and care planning of residents’ dietary needs and the communication of these needs to catering staff. Provision is made to support residents who require special diets and meals cut up. Management reported the organisation’s seasonal four week rotating menu has been reviewed by a dietitian and fresh fruit is served each day. Residents are provided with drinks at regular intervals to support their hydration to be maintained. Residents can also have refrigerators in their rooms in which to store snacks and drinks to take at their leisure. Residents’ weights are monitored and a dietician has reviewed residents with weight variances or dietary issues identified. Residents are provided with dietary supplements for their nutritional management as the need is identified. Residents/representatives expressed satisfaction with the food and drink the home provides.

## **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 processes for maintaining residents’ skin integrity consistent with their general health including assessment and care planning processes. A hairdresser attends the home and a foot care nurse is available to provide support for residents. Management reported staff attend to residents’ finger nail care as necessary and we observed bags of nail care items are maintained for individual residents. Residents’ skin integrity is also maintained through the application of emollient creams and the use of pressure relieving equipment when needed. The organisation’s accident and incident reporting system includes recording incidents of residents’ skin integrity breakdown. Wound care documentation and photographs

are maintained for residents' wound care, which is completed by registered nurses. Residents/representatives expressed satisfaction with the support available for residents' skin care.

## **2.12 Contenance management**

*This expected outcome requires that "care recipients' continence is managed effectively".*

### **Team's findings**

The home meets this expected outcome

Residents' continence is managed through assessment and care planning processes and resident/representative feedback. Residents are supplied with packets of continence aids and staff reported there are always sufficient supplies available. Management reported the representative from the continence aid supplier provides staff education and is available to advise on residents' continence aid needs when requested. There are processes to document and communicate residents' toileting needs and staff are available to support residents as necessary. The home has strategies for residents' bowel management such as maintaining bowel charts, fibre in diets, prunes available for breakfast and the administration of medications for bowel management regularly or as required. All residents have ensuite bathrooms for their convenience for toileting and management reported commodes can also be provided at night when needed. Residents/representatives did not identify any issues with the continence management provided.

## **2.13 Behavioural management**

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

### **Team's findings**

The home meets this expected outcome

The home has processes to support the needs of residents with behaviours of concern. This includes assessment and care planning processes and referring residents with changed behaviours to their medical officers or the relevant specialist services for review when the need is identified. The home does not provide a secure living environment and management reported residents are reviewed prior to entry to ensure they can be safely accommodated in the home. Management said sighting charts are used when necessary for residents who develop wandering behaviours. No residents currently have chemical or physical restraint in use. Staff described behavioural management strategies they use to support residents and said they have received training in dementia care. Residents/representatives interviewed were not aware of any residents having behaviours of concern requiring management by staff.

## **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 assist residents with their mobility and dexterity needs including assessment and care planning processes. Assessments completed include the identification of residents' mobility and manual handling needs and risk of falls. A physiotherapist attends the home each fortnight to assess residents' physiotherapy and individual exercise needs. A

number of residents were observed mobilising using mobility aids. The recreational activity programs include twice weekly exercise groups and various activities through which residents get exercise. Strategies for residents' falls prevention and management include resident use of mobility aids and referrals to the physiotherapist when necessary. The organisation's accident and incident reporting system includes the recording and monitoring of residents' falls. Resident/representative interviews indicated satisfaction with the support provided for residents' mobility and dexterity.

## **2.15 Oral and dental care**

*This expected outcome requires that "care recipients' oral and dental health is maintained".*

### **Team's findings**

The home meets this expected outcome

The home has processes through which residents' oral and dental health is maintained including assessment and care planning processes. Residents' ongoing oral and dental health care needs are also monitored through resident/representative feedback. Management reported the home supplies residents' toothbrushes and tooth paste unless residents prefer to purchase their own brands. Denture containers are also supplied. Care staff reported they provide residents with assistance with denture care and teeth cleaning when required. Residents requiring dental services are required to access these services externally to the home. Residents/representatives expressed satisfaction with the support available for residents' oral and dental care.

## **2.16 Sensory loss**

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

### **Team's findings**

The home meets this expected outcome

The home has processes to identify and manage residents' sensory loss needs including assessment and care planning processes. Assessments tools available for use include the identification of residents' hearing, vision, taste, and touch sensory loss needs. Management advised that residents requiring audiology and optometry services need to access them externally to the home. Care staff advised of strategies they use to assist residents with vision and hearing loss such as providing support for hearing aid care and ensuring there is good lighting. We observed the living environment is well lit. Residents have access to supplies of large print books and staff advised residents are supported to access auditory books when needed. Residents/representatives expressed satisfaction with the support for residents' sensory loss needs.

## **2.17 Sleep**

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

### **Team's findings**

The home meets this expected outcome

The home has processes to support residents to achieve natural sleep patterns. This includes the assessment and care planning processes and the support available during the night from one registered nurse and one care staff member. Residents have call bells in their rooms to call for staff assistance at night if required. Strategies available to support residents

to achieve natural sleep patterns include ensuring residents' preferences for sleeping are supported and night sedation as per medical officers' orders when required. Management and staff said suppers are provided and supplies of snacks and drinks are readily available for residents during the night if required. Residents/representatives did not identify any problems with residents' achieving natural sleep patterns. Residents reported the home is quiet at night and they sleep well.

### **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 system used to actively pursue continuous improvement.

Examples of improvements at the home relating to Accreditation Standard Three include:

- After hearing residents discussing pets they had once owned, and establishing that many enjoyed keeping fish, the home worked with the local women’s axillary to arrange for a fish tank to be purchased. Residents assist with naming the fish and ensuring they are fed. Residents reported they enjoy watching and caring for the fish.
- In July 2014 during a house meeting a resident requested a happy hour. The enthusiastic response of other residents has resulted in the event being held weekly. Recreation activity staff arrange a happy hour trolley and residents are served in the activity room. The happy hour is well received with many regulars enjoying the socialising. Due to the positive feedback, an additional men’s group happy hour has recently been introduced to encourage the men to get together.

#### **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 information about the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about resident lifestyle. Mandatory reporting is part of compulsory education undertaken regularly by all staff.

Examples of regulatory compliance with Accreditation Standard Three include:

- The home maintains records to ensure compliance with compulsory reporting as per legislative requirements.
- Residents are offered a resident agreement on entry to the home, which meets legislative requirements.

### **3.3 Education and staff development**

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

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

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. We verified through discussion with staff and management and document review that the home delivers education relevant to Accreditation Standard Three that will promote the residents' lifestyle.

Examples of education provided specific to Accreditation Standard Three include: rights and right to choice, agitation and aggressive behaviour and depression in the elderly.

### **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 processes through which each resident receives support in adjusting to life on entry to the home and on an ongoing basis. Processes include providing prospective and new residents and/or their representatives with information on the care and services available in the home. Various assessments and care plans are completed for residents on entry to the home through which their support needs are identified. Staff advised they support new residents through welcoming and orientating them to the home as well as providing ongoing support. The home maintains a connection with the local parish through which a chaplain and parish volunteers are available to support residents. Community volunteer visitors also attend the home. Residents/representatives expressed satisfaction with the initial and ongoing emotional support provided. Resident comments included that they are happy living in the home and they think the home is "marvellous".

### **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

Residents are assisted to achieve independence, maintain friendships and participate in the life of the community within and outside the home. The home provides an environment in which representatives, entertainers, school groups and volunteers are welcome to visit. Residents' independence is fostered through bus outings and staff advised of residents attending various individual activities outside the home. Residents can choose to have refrigerators, radios and televisions in their rooms. We observed newspapers delivered for residents. Staff advised that a polling booth is set up in the home to support residents to vote during elections. Care staff advised they encourage residents to do as much as they can to maintain their independence during the activities of daily living. Equipment is available to support resident independence such as grab rails in bathrooms. There is a resident laundry and support for residents who wish to attend their own laundry. Resident/representative

interviews demonstrated residents are assisted to achieve independence and participate in community life.

### **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 demonstrates that each resident's right to privacy, dignity and confidentiality is recognised and respected. Staff refer to and address residents by their preferred names. Residents and/or their representatives are provided with information relating to the organisation's privacy policy and are requested to complete a consent form relating to the use of residents' photographs. Staff described strategies for maintaining respect for residents' privacy and dignity such as closing doors when providing treatments in residents' rooms. Staff confirmed they agreed to maintain the confidentiality of resident information when they commenced employment in the home. Residents' electronic care information is password protected. Residents/representatives were complimentary of the way in which staff are respectful of residents and support residents' privacy and dignity.

### **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 processes to encourage and support residents to participate in interests and activities of interest to them. This includes assessment processes and recreational activity officers and volunteers supporting activity programs to be held five days a week. Staff advised that table games and other activities are left set up in the activities room for residents to participate in during the weekends. Residents are informed of activities available through activity programs given out, activity programs on display, newsletters and verbal reminders. Examples of activities provided include bingo, sing-a-longs, board games, craft, pet therapy and movies. Residents with dementia are supported to join the home's activity programs and/or are provided with individual support. A men's group and a gardening group are also available. Photographs demonstrate residents have enjoyed the activities held. Evaluations of the various activities provided have been completed. Residents/representatives expressed satisfaction with the activities available.

### **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 has processes to value and foster residents' individual interests, customs, beliefs and cultural backgrounds. This includes assessment and care planning processes. Special celebrations are held for cultural and religious days such as Australia Day, ANZAC Day, Remembrance Day, Easter and Christmas. Staff advised that monthly birthday celebrations are held with a cake and balloons provided. A chaplain and volunteers from the local



Anglican parish attend the home regularly and the chaplain provides an ecumenical church service each week. Staff advised that the Roman Catholic priest will attend the home on request. Staff reported that no residents currently have culturally and linguistically diverse background needs. Residents/representatives expressed satisfaction with the support the home provides for residents' 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

The home supports residents and/or their representatives to participate in decisions about the services provided and to exercise choice and control over their lifestyle. Residents/representatives are informed of choices available and their rights through the initial information package provided. This includes the resident agreement and the residential care resident handbook. A range of brochures are on display including for an advocacy service. The Charter of Residents' Rights and Responsibilities is also on display. The home provides mechanisms through which residents and/or their representatives can have input into services provided. These include resident and relative meetings, surveys, care conferences, verbal discussions and comments and complaints mechanisms. Examples of residents' choices for care and services include choice of participation in activities and choices of medical officers. Residents/representatives expressed satisfaction with the choices available and the control over the care and services available in the home.

### **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

Residents have secure tenure within the home. The resident agreement outlines the care and services provided at the home and associated costs. A copy of the residential care resident information handbook is provided to all residents and contains the Charter of Residents' Rights and Responsibilities, information about the care and services available to residents in the home and information on security of tenure. Resident/representative interviews indicated a general understanding of the information provided.

## **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 about the system used to actively pursue continuous improvement.

Examples of improvements at the home relating to Accreditation Standard Four include:

- The home purchased and installed a blast chiller to allow for the quick cooling of food to a low temperature that is safe from bacterial growth. Hands on training was supplied on site to ensure all staff were able to use the machine safely. The introduction of the blast chiller ensures the safety and the quality of residents’ food.
- After receiving feedback from several areas in the home, management decided to review the home’s chemical supplier. The new supplier visits the home monthly and ensures all areas of the home have current safety data sheets to ensure staff are using the products safely. The supplier also provided onsite training and education. Staff throughout the home have provided positive feedback on the improved infection control and the quality of the chemicals supplied. The change of chemical products and additional education has enabled staff to confidently create a safe, clean home for the residents.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about the physical environment and safe systems. Staff could describe their responsibilities in relation to safe work practices for infection control, food safety, fire and emergencies, work, health and safety and the importance of reporting accidents and incidents.

Examples of regulatory compliance with Accreditation Standard Four include:

- A review of staff training records and interviews with staff indicates that staff have fulfilled the mandatory fire awareness and evacuation training.
- The current NSW Food Authority licence is on display and the home has passed the NSW Food Authority food safety audit.

### **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 information about the home's system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education provided specific to Accreditation Standard Four includes: fire and evacuation, manual handling, safe management of chemicals, food hygiene and safety.

### **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

The home provides accommodation for the residents in single rooms, all with ensuite bathrooms. There are lounge, dining and recreational areas including tea and coffee making facilities on each of the three floors. Residents are encouraged to personalise their rooms. We observed all areas of the home are well maintained; with measures for maintaining comfortable room temperatures throughout the year. Maintenance of the environment occurs by the use of a preventative and routine maintenance program. Residents/representatives are satisfied with the living environment and the maintenance of the home.

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

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

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

The home meets this expected outcome

The home has a system to ensure management and staff are actively working together to provide a safe working environment that meets regulatory requirements. Work health and safety (WHS) and manual handling training are given to all staff during orientation and annually. The system involves audits, inspections and accident reporting procedures. Policies, procedures and notices inform staff. An employee assistance program and a return to work program are available if required. An external supplier provides chemicals, and chemical safety education is given. Safe work procedures and practices were observed and staff said they have attended relevant education and demonstrated awareness of WHS practices.

#### **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. Staff confirmed they attend compulsory education for fire training and that management monitor their attendance. The home has an evacuation box and backpack to enable swift and safe evacuation if required. The home has appropriate security measures such as lockup procedures, external lighting and door alarms (used at night) to ensure resident safety. Resident/representative interviews demonstrated residents feel safe and secure living in 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 prevention and control program. Staff demonstrated awareness of standard precautions and the availability of personal protective equipment and colour coded equipment was observed in all areas. Infection control training and hand washing assessments are completed at orientation and conducted annually, and staff have access to guidelines and procedures. A food safety program, cleaning schedules and laundry practices follow infection control guidelines. Outbreak management resources are available and hand wash basins, hand sanitising gels, and spill kits are accessible. An influenza vaccination program is available for residents and staff.

#### **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

Processes are in place at the home to ensure that hospitality services enhance the residents' quality of life and the staff's working environment. These processes include a food monitoring system, staff education, infection control guidelines and an audit schedule. Other mechanisms include a system for communicating resident food preferences and allergies, temperature monitoring and the provision and maintenance of equipment related to hospitality services. Meals are cooked fresh each day in the main kitchen. There is a system for residents' personal laundry however, the majority of laundry is done offsite. A laundry labelling process is in place. Multi-skilled staff provide cleaning services seven days a week. Residents/representatives stated they are pleased with the cleaning, catering and laundry services.