Cardinal Stepinac Village
RACS ID 0370
24-32 Runcorn Street
ST JOHNS PARK NSW 2176
Approved provider: Australian-Croatian Cardinal Stepinac Association 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 27 July 2015.

We made our decision on 12 June 2012.

The audit was conducted on 8 May 2012 to 10 May 2012. 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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Accreditation Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>1.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>1.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>1.4 Comments and complaints</td>
<td>Met</td>
</tr>
<tr>
<td>1.5 Planning and leadership</td>
<td>Met</td>
</tr>
<tr>
<td>1.6 Human resource management</td>
<td>Met</td>
</tr>
<tr>
<td>1.7 Inventory and equipment</td>
<td>Met</td>
</tr>
<tr>
<td>1.8 Information systems</td>
<td>Met</td>
</tr>
<tr>
<td>1.9 External services</td>
<td>Met</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Accreditation Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>2.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>2.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>2.4 Clinical care</td>
<td>Met</td>
</tr>
<tr>
<td>2.5 Specialised nursing care needs</td>
<td>Met</td>
</tr>
<tr>
<td>2.6 Other health and related services</td>
<td>Met</td>
</tr>
<tr>
<td>2.7 Medication management</td>
<td>Met</td>
</tr>
<tr>
<td>2.8 Pain management</td>
<td>Met</td>
</tr>
<tr>
<td>2.9 Palliative care</td>
<td>Met</td>
</tr>
<tr>
<td>2.10 Nutrition and hydration</td>
<td>Met</td>
</tr>
<tr>
<td>2.11 Skin care</td>
<td>Met</td>
</tr>
<tr>
<td>2.12 Continence management</td>
<td>Met</td>
</tr>
<tr>
<td>2.13 Behavioural management</td>
<td>Met</td>
</tr>
<tr>
<td>2.14 Mobility, dexterity and rehabilitation</td>
<td>Met</td>
</tr>
<tr>
<td>2.15 Oral and dental care</td>
<td>Met</td>
</tr>
<tr>
<td>2.16 Sensory loss</td>
<td>Met</td>
</tr>
<tr>
<td>2.17 Sleep</td>
<td>Met</td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Accreditation Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>3.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>3.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>3.4 Emotional support</td>
<td>Met</td>
</tr>
<tr>
<td>3.5 Independence</td>
<td>Met</td>
</tr>
<tr>
<td>3.6 Privacy and dignity</td>
<td>Met</td>
</tr>
<tr>
<td>3.7 Leisure interests and activities</td>
<td>Met</td>
</tr>
<tr>
<td>3.8 Cultural and spiritual life</td>
<td>Met</td>
</tr>
<tr>
<td>3.9 Choice and decision-making</td>
<td>Met</td>
</tr>
<tr>
<td>3.10 Resident security of tenure and responsibilities</td>
<td>Met</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Accreditation Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>4.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>4.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>4.4 Living environment</td>
<td>Met</td>
</tr>
<tr>
<td>4.5 Occupational health and safety</td>
<td>Met</td>
</tr>
<tr>
<td>4.6 Fire, security and other emergencies</td>
<td>Met</td>
</tr>
<tr>
<td>4.7 Infection control</td>
<td>Met</td>
</tr>
<tr>
<td>4.8 Catering, cleaning and laundry services</td>
<td>Met</td>
</tr>
</tbody>
</table>
Audit Report

Cardinal Stepinac Village 0370

Approved provider: Australian-Croatian Cardinal Stepinac Association Limited

Introduction
This is the report of a re-accreditation audit from 8 May 2012 to 10 May 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 Accreditation 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 Accreditation Agency conducted the re-accreditation audit from 8 May 2012 to 10 May 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. 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 1997.

Assessment team

<table>
<thead>
<tr>
<th>Team leader:</th>
<th>Carol Lowe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member/s:</td>
<td>Helen Ledwidge</td>
</tr>
</tbody>
</table>

Approved provider details

| Approved provider: | Australian-Croatian Cardinal Stepinac Association Limited |

Details of home

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>Cardinal Stepinac Village</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>0370</td>
</tr>
<tr>
<td>Total number of allocated places:</td>
<td>144</td>
</tr>
<tr>
<td>Number of residents during audit:</td>
<td>142</td>
</tr>
<tr>
<td>Number of high care residents during audit:</td>
<td>117</td>
</tr>
<tr>
<td>Special needs catered for:</td>
<td>Croatian</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street/PO Box:</th>
<th>24-32 Runcorn Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/Town:</td>
<td>ST JOHNS PARK</td>
</tr>
<tr>
<td>Phone number:</td>
<td>02 9823 3855</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:admin@csvcare.com">admin@csvcare.com</a></td>
</tr>
</tbody>
</table>
Audit trail
The assessment team spent three days on-site and gathered information from the following:

Interviews

<table>
<thead>
<tr>
<th>Interviews</th>
<th>Number</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Nursing</td>
<td>1</td>
<td>Residents/Representatives</td>
</tr>
<tr>
<td>Deputy Director of Nursing</td>
<td>1</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>Hostel Care Manager</td>
<td>1</td>
<td>Quality and Administration Manager</td>
</tr>
<tr>
<td>Educators</td>
<td>2</td>
<td>Catering Supervisors</td>
</tr>
<tr>
<td>Maintenance Supervisor</td>
<td>1</td>
<td>Laundry Supervisor</td>
</tr>
<tr>
<td>Hospitality Services Manager</td>
<td>1</td>
<td>Catering Staff</td>
</tr>
<tr>
<td>Cleaning Company Representative</td>
<td>1</td>
<td>Cleaner</td>
</tr>
<tr>
<td>Laundry Staff</td>
<td>3</td>
<td>Physiotherapy Aide</td>
</tr>
<tr>
<td>Administration Officer</td>
<td>1</td>
<td>Registered Nurses</td>
</tr>
<tr>
<td>Recreational Activities Officers</td>
<td>2</td>
<td>Care Staff</td>
</tr>
<tr>
<td>General Practitioner/Board Member</td>
<td>1</td>
<td>Nurse Practitioner (wound care consultant)</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>1</td>
<td></td>
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</tbody>
</table>

Sampled documents

<table>
<thead>
<tr>
<th>Sampled documents</th>
<th>Number</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit folders</td>
<td>3</td>
<td>Personnel files</td>
</tr>
<tr>
<td>Residents’ files</td>
<td>30</td>
<td>Medication charts</td>
</tr>
<tr>
<td>Incident reports</td>
<td>9</td>
<td>Resident agreement</td>
</tr>
</tbody>
</table>

Other documents reviewed
The team also reviewed:

- Activities documentation
- Advance care directives
- Adverse events documentation
- Annual fire safety statement 2012
- Catering records including temperature monitoring on delivery, storage, preparation and serving of food, dietician review of menu, newsletters from NSW Food Authority website
- Cleaning company folder including program for cleaning, competencies, toolbox talk sessions, cleaning audits by company, chemical register, material safety data sheets (MSDS), infection control information including colour coding
- Clinical charts/data
- Commercial legislation update service – electronic library
• Continuous improvement plan
• Contracts and agreements folder
• Dietary documentation
• Disaster/emergency plan
• Education folder including education calendar
• External providers service calendar
• Fire detection, sprinkler system, sound and intercom system logbooks
• Fire folder including correspondence from Fairfield City Council regarding receipt of fire safety statement for 2012, heat scan of power boards
• Food safety program folder – microbiology testing results
• Infection control information and statistics
• Information technology folder
• Laundry temperature and cleaning logs, linen supplies register and communication book
• Mandatory reporting register
• Manual handling instructions
• Medication reviews
• Meeting minutes (various committees, staff and residents)
• Nase Selo “Our Village” newsletter
• NSW Food Authority Licence
• Occupational health and safety handbook – including harmonisation update on changes to work health safety legislation
• Physiotherapy documentation
• Police check register
• Policies and procedures
• Preventative and reactive maintenance workbooks
• Registration folder for registered nurses
• Resident self-administration of medication documentation
• Residents’ information handbook/pack
• Restraint documentation
• Rosters
• Service reports on equipment – thermostatic mixing valves, sanitizers, kitchen and laundry equipment
• Staff handbook and information package including code of conduct and confidentiality agreement
• Staff organisational chart
• Suggestion/complaints/praise folder
**Observations**
The team observed the following:

- Activities in progress
- Charter of Residents’ Rights and Responsibilities (bilingual)
- Comments, complaints information pamphlets, posters and suggestions box
- Education matrix on computer system
- Electronic care system
- Equipment and supply storage areas including range of equipment for emergency evacuations and outbreak kits
- Interactions between staff and residents
- Living environment – including garden areas and village pet corner (dogs and birds)
- Noticeboards in various locations for staff and residents
- Pressure relieving equipment
- Residents’ craftwork on display
- Staff handover report
- Storage of medications and medication round
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 residents, 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 operates an active quality management system which utilises audits, surveys as well as feedback from staff, residents and their representatives to identify areas for improvement. Audit and survey results as well as suggestions are discussed at quality and management meetings. Feedback on any improvements is provided to residents and staff through meetings as well as any key information which may be displayed on noticeboards around the home. Monetary rewards are also provided to staff for those suggestions which are implemented. These improvements are celebrated at the annual vocational day.

Improvements undertaken at the home include the following:

• New office areas were created and existing offices refurbished as a result of the increase in the number of care staff. Feedback and ideas were initially sought from staff on possible options. Offices for senior management were established in an upstairs area and the former management offices were refitted out with work spaces and additional power points. Additional storage space was also able to be created. A waiting area was provided outside the hostel treatment room for residents. Work was completed in December 2011. Positive feedback has been received from staff on the work areas that are now available to them.

• The home has created a large education room for staff to enable education sessions to be held at the home. The room has been set up to enable the use of computers. Storage space has been created for educational material and equipment and additional furniture purchased. This now provides a suitable area in which staff members can attend a wide range of education sessions. The chief executive officer advised that the area provides a quiet environment for education sessions such as the certificate III and IV in aged care or the frontline management course for managers.

• The home has introduced a computerised care and administration system. The chief executive officer advised that several different computer software systems were trialled before the current system was purchased. Suitable hardware was purchased to ensure staff had access to the system from various locations around the home as well as suitable back-up for data storage. An email system was established and staff provided with passwords to ensure security of the system. Education sessions were held with staff to ensure that they were familiar with the system as it was progressively introduced. As the system operates across the entire site (hostel and nursing home) a schematic diagram has been developed to assist any technicians working on the system. The management team advised that the system provides improved management of clinical information. Positive feedback has been received by staff about the system.
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 a system to identify changes to legislation and regulations and provide this information to relevant staff. As part of the system the home subscribes to a commercial legislation update service, which provides electronic updates as legislation is revised and promulgated. Information is provided to the home from various government departments and agencies. The home’s policies and procedures are reviewed to ascertain whether policy changes are required. Information alerting senior staff about relevant changes in legislation and policies is sent via email alerts. Staff members across a range of work roles confirmed they are provided with information on legislative changes relevant to their duties. This occurs via staff meetings, education sessions as well as memos. Compliance with relevant legislation is monitored via the audit processes as well as observation of staff practices.

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

Team’s findings
The home meets this expected outcome

The home has a system that aims to ensure management and staff members have the appropriate knowledge and skills to perform their roles effectively. Training needs are identified through a number of avenues which may include observation of staff work practices, requests from staff via annual staff appraisals, results of audits, and trends identified as a result of the analysis of incidents. The home has an education program, which includes a range of in-services across the four Accreditation Standards. External training is accessible to staff as needed. Records of staff attendance at training sessions are maintained and processes are in place to monitor staff attendance at mandatory training sessions. Staff advised that they are encouraged to develop their skills and increase their knowledge. Residents and resident representatives expressed satisfaction with staff knowledge and skills.

1.4 Comments and complaints
This expected outcome requires that "each resident (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 systems to ensure residents and their representatives have access to internal and external complaint resolution mechanisms. This includes displaying information about these systems at various locations around the home. Information on raising complaints is contained within the resident handbook as well as the resident agreement which is provided to residents and their representatives as part of the entry process to the home. A review of comment forms indicated that any complaints raised with the chief executive officer have been actioned. Residents meetings are held on a regular basis and provide a forum in which residents and their representatives can raise issues as well as be consulted by management.
Residents and their representatives advised that they felt able to speak directly to staff if they ever had any 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 organisation’s mission and philosophy statement is presented to residents, their representatives and to staff through key documentation such as the resident and employee handbooks, which are given to all residents and their representatives and staff on entry to the home or commencement of employment respectively. The organisation’s mission statement is also on public display in various locations around the home. Information on the home’s commitment to quality is provided to contractors and service providers through the organisation’s service contract.

1.6 Human resource management
This expected outcome requires that “there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service’s philosophy and objectives”.

Team's findings
The home meets this expected outcome

The home has a system in place to ensure there are sufficient appropriately skilled and qualified staff members. The director of nursing advised that residents’ care needs as well as feedback from staff members are used in identifying the staffing level needs across the high and low care sections of the home. There is flexibility to change staffing to meet changes in residents care needs. Interviews are held with all applicants to assess their suitability to work at the home. A system is in place to ensure new staff are teamed up with existing staff and complete the orientation program, which includes mandatory education sessions. Residents and their representatives expressed their satisfaction 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

The home has an ordering system to ensure adequate supplies of equipment and goods are available. Staff members advised that there are always sufficient supplies of equipment and goods to provide care and good quality services to the residents. Staff advised that training on any new equipment is provided and items are trialled to ensure their suitability prior to purchase. A preventative and reactive maintenance program ensures that all equipment is working effectively.
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 disseminated to residents, resident representatives and staff through a variety of avenues including a newsletter (Nase Selo - Our Village), emails, memoranda, communication diaries, information displayed on notice boards, and discussions at meetings and education sessions. Verbal handovers are used to pass on clinical information to staff members on different shifts. Staff members have access to residents' care documentation on the computer system. Documentation no longer required is archived on-site in a secure area. Documents no longer required are shredded on-site to maintain security of information. Servers are used to back-up the data on computers. Access to the home's computers and data within the system is secured via password.

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

Team's findings
The home meets this expected outcome

The home has a system in place to ensure that externally provided services and goods meet specific requirements. Contracts with suppliers are reviewed periodically which includes seeking feedback from the companies as well as key staff members. Key information such as insurances and relevant licences for local companies and contractors are sought on an annual basis. Key staff members explained the processes involved to manage any episodes of poor service or goods. Staff members stated any equipment or goods supplied are of good quality.
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.

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 regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Two include:

- The home identified that frail residents were unable to use dental services as it was often difficult to manage transport and access to dental clinics. The management team advised that there was also an issue with decreasing family support to assist with transport for appointments. An on-site dental service was sourced and a visit arranged in February and March 2012. Residents, their representatives and doctors were consulted and approval for dental work was obtained. The service established a clinic on-site in a large mobile caravan. The management team advised that all residents, who agreed to the service, have had initial assessments and some treatments such as extractions. Follow-up visits are to be organised for the management of residents’ ongoing oral care. Training on oral care has been provided to care staff.

- The management team advised staff had indicated an interest in additional training for physiotherapy aides. The physiotherapist reviewed the course to make sure it met the home’s needs. Two staff members attended and completed the certificate course in March 2012. As a result of the training additional physiotherapy activities have been introduced. The management team advised there was an improvement in the assessment of residents’ physiotherapy needs as well as an improvement in carrying out the treatments and program. The effectiveness of the program is to be reviewed by the physiotherapist later in the year.

- A falls prevention exercise program has been introduced as a result of a trial held previously at the home. The physiotherapy aide advised two programs had been held at the home with approximately 10 residents in each group. The aim of these initial programs was to provide residents with training in various exercises to prevent falls in the future by strengthening muscles and improving mobility. The falls prevention program proved so successful that the home decided to continue with the program. The management team advised they have purchased dumb bells and special steps to enable residents to continue with the program. Educational material is now being provided to residents to assist them in understanding the importance of strengthening exercises in maintaining their health and wellbeing.

- Due to the increasing frailty of residents the home has introduced observation rounds during the night for residents, in the low care section of the home, who may be at risk of falling in their room at night. Residents were consulted about the program prior to its introduction. Initial feedback indicates that residents are satisfied with the rounds and feel it gives them greater safety.
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 regarding the organisation’s system to ensure that the home complies with legislation and regulations relevant to residents’ health and personal care. This includes ensuring that the registrations of the registered nurses are current. The home has access to the Australian Health Practitioner Regulatory Agency (AHPRA) website if needed to verify current registrations of any allied health practitioners.

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

For details of the home’s system for ensuring that management and staff have the appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development. Examples of education sessions and activities relating to Standard Two include: diabetes, nutrition, providing support to people living with dementia, oral care and certificate courses III and IV in aged care.

2.4 Clinical care

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

Team’s findings
The home meets this expected outcome

Residents receive clinical care that is appropriate to their individual needs and preferences. There is an ongoing review and evaluation system for identifying and managing residents’ health and personal care needs. Processes include an assessment of each resident by medical, paramedical and nursing staff in consultation with the residents and their representatives on entry to the home. This information is used to develop individual care plans which are evaluated at family conferences. Staff monitor residents’ clinical care outcomes and this includes audits of reporting processes. Results show that residents’ care needs are documented and reviewed regularly and as resident needs change and that staff provide care consistent with documented care plans. Management monitors staff performance for competence in relation to the home’s processes and procedures. Residents and representatives are satisfied with the extent of consultation and with the health and personal care provided to residents.
2.5 Specialised nursing care needs

This expected outcome requires that "residents’ 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 documented policies and procedures relating to specialised nursing care and a system of assessment and monitoring to ensure appropriate management of residents’ specialised nursing care needs. Residents’ specialised nursing care needs are met by appropriately qualified staff. Specialised care includes management of residents with insulin dependent diabetes, pain management, palliative care, oxygen therapy, wound management, and percutaneous endoscopic gastrostomy (PEG) feeding. Residents are referred to appropriate specialists and health professionals as necessary. There are systems to ensure that adequate supplies of appropriate stock are available, and that equipment is accessible and regularly maintained to ensure that the home is equipped to manage the specialised nursing care needs of its residents.

2.6 Other health and related services

This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s findings

The home meets this expected outcome

Residents are referred to other health professionals of their choice when necessary. If required, staff members assist by obtaining referrals and arranging appointments with health care specialists in consultation with residents and their representatives. Residents are accompanied by family, friends or staff to appointments, and staff arrange transport where necessary. Residents have accessed specialist services including audiology, cardiology, dental, dietetics, ophthalmology, physiotherapy, podiatry, psychogeriatric and behavioural management specialists, reflexology, speech pathology, and pathology services. Staff update care plans and implement changes to care as appropriate as a result of these referrals. Residents and their representatives are satisfied that referrals to appropriate health specialists are in accordance with residents' needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

There are systems to ensure medication orders are current, residents’ medications are reviewed and the medication management system is monitored. Medications are administered via a blister pack system and are stored, administered and disposed of safely and in accordance with regulatory requirements. The pharmacist provides a daily service. Registered nurses and suitably trained care staff administer medications and competency assessments are conducted regularly. Staff performance is also monitored through audits. Residents who have been authorised by their doctor and assessed as able to do so safely, administer their own medication. Residents and their representatives are satisfied that the resident’s medication is managed safely and correctly. Medication audits are conducted, medication incidents are reviewed and a medication advisory committee reviews the home’s audits and pharmacy concerns regularly.
2.8 Pain management
This expected outcome requires that “all residents 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 from pain as possible. Staff assess residents’ pain on entry to the home and on an ongoing basis. Care staff closely monitor and effectively evaluate interventions. The efficacy of residents’ pain management is regularly reviewed by the resident’s doctor and the home’s registered nurses. Education is provided to staff to minimise reliance on medication for pain relief. Activity and pastoral care services provide emotional and psychological support. Staff use a range of pain management strategies including massage, repositioning, use of pressure relieving mattresses and chairs, aromatherapy, spa baths and analgesia. Residents and their representatives stated that the resident’s pain is managed effectively and in a timely manner.

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

Team’s findings
The home meets this expected outcome

There are systems to ensure that the comfort and dignity of terminally ill residents is maintained and to provide emotional support for the resident and their representative. Pastoral care services clergy and nuns are available to give emotional support to the resident and their representatives. Residents remain in the home if their palliative care needs are able to be met by staff. Residents and their representatives have the opportunity to complete advance care directives. Staff have access to the palliative care services team. Representatives are satisfied that the comfort and dignity of terminally ill residents is maintained.

2.10 Nutrition and hydration
This expected outcome requires that “residents receive adequate nourishment and hydration”.

Team’s findings
The home meets this expected outcome

There are systems to ensure residents receive adequate levels of nourishment. Each resident’s medical requirements concerning nutrition and hydration and their likes and dislikes are assessed on entry to the home and on an ongoing basis. Staff monitor each resident’s nutritional status, identify significant weight changes through regular measurement of weights which are reviewed by the dietician. Care staff promote adequate food and fluid intake. Special diets and supplements are recommended by the dietician and provided as indicated. Arrangements are made for residents to be seen by a speech pathologist or a dentist if indicated. Staff supervise and assist residents with their meals as necessary. Residents and representatives stated that management responds to feedback and residents have choices and are satisfied with the meals offered.
2.11 Skin care

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

**Team’s findings**

The home meets this expected outcome

The home has a system of assessment, interventions and reporting requirements to ensure that residents’ skin integrity is consistent with their general health status. Residents’ skin is assessed on entry to the home and on an ongoing basis in order to maintain skin integrity. Staff use mechanisms such as regular care plan reviews, documentation of care and providing for residents’ specific skin, hygiene, continence, hair and nail care needs. Treatments required are documented and referrals to specialists and allied health professionals such as podiatrists and wound consultants are arranged when necessary. Regular repositioning occurs where indicated and pressure relieving equipment and limb protectors are used when appropriate. There is plentiful stock of skin care and dressing materials available to assist in improving or maintaining residents’ skin integrity.

2.12 Continence management

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

**Team’s findings**

The home meets this expected outcome

Staff manage residents’ continence effectively which includes assessing residents’ continence, bowel management and toileting needs on entry to the home and on an ongoing basis. Staff document individualised continence management programs in care plans and monitor and evaluate their effectiveness. There is a system to assist residents with their toileting needs and to provide continence aids to match the individual needs of the resident. A review of care plans indicates residents’ continence needs are subject to ongoing review and include measures to maintain continence and to prevent constipation. Staff prompt residents and carry out the documented toileting programs. Residents and their representatives expressed satisfaction with residents’ continence management.

2.13 Behavioural management

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

**Team’s findings**

The home meets this expected outcome

Residents and their representatives are satisfied that the home has systems and processes to effectively identify and manage residents with challenging behaviours. Staff perform initial and ongoing assessments to identify residents’ behaviour management needs, triggers and strategies and develop and implement care plans. Staff monitor and review the care plan regularly to assess its effectiveness, and make changes if indicated. Staff conduct audits, document and review incidents. Medically authorised restraints in consultation with the resident’s representative are used as a last resort and regularly reviewed in accordance with the home’s policies. Residents live in a secured environment. Staff arrange referrals to specialist psychogeriatric and allied health teams if necessary. Documented strategies are implemented and interventions which include complementary therapies, cultural and religious activities, and the availability of staff who speak Croatian, are successful in maintaining a calm environment.
2.14 Mobility, dexterity and rehabilitation
This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.

Team’s findings
The home meets this expected outcome

The home has systems to assess, manage and evaluate residents to achieve optimum levels of mobility and dexterity. A physiotherapist assesses residents on entry to the home, and devises a care plan which includes the use of mobility aids. The physiotherapy care plan is conducted by physiotherapy aides and is reviewed regularly and as required. Falls risk and falls management, manual handling needs and changes in mobility are identified and documented as part of the care planning process. Daily exercise programs are conducted by recreational activity officers and physiotherapy aides. Staff have been provided with education on manual handling and falls prevention. Residents and their representatives stated they are satisfied with the efforts made by staff to maintain the resident’s mobility.

2.15 Oral and dental care
This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s findings
The home meets this expected outcome

The home has a system for the initial and ongoing assessment, management and evaluation of residents to maintain their oral and dental health. This includes arranging access to a dentist and dental prosthetist. Staff assess residents’ oral hygiene needs in consultation with the resident and their representatives and document in care plans that are regularly reviewed. Staff are provided with education on oral care for residents and they assist residents to maintain oral hygiene. Residents and their representatives are satisfied that the resident’s oral and dental health is maintained.

2.16 Sensory loss
This expected outcome requires that “residents’ 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’ sensory losses to ensure that they are managed effectively. Staff liaise with the resident’s doctor to ensure that residents’ sensory needs are identified and addressed. Staff organise specialist referrals to ophthalmology, audiometry and speech pathology services and an optometrist visits the home regularly. Staff assist in the maintenance of visual and auditory aids. Residents and their representatives are satisfied that the resident’s sensory losses are identified and managed effectively.
2.17 Sleep
This expected outcome requires that “residents are able to achieve natural sleep patterns”.

Team's findings
The home meets this expected outcome

Residents' sleep patterns are assessed on entry to the home and on an ongoing basis. This includes the resident’s preferred sleeping times and history of night sedation. Staff document the resident’s sleep needs and preferences in the care plan which is regularly reviewed. Staff identify and address barriers to natural sleep including pain, continence, nutritional intake and environmental factors when planning care. Minimal night sedation is given to residents and regularly reviewed. Care staff provide alternatives to sedation such as aromatherapy to assist residents to sleep. Residents and their representatives stated the resident usually sleeps well.
Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

- The management team advised extensive improvements have been made to the grounds of the home to make the site as homelike as possible. A number of the residents are from a rural background in Croatia and missed growing their own fruit, vegetables and flowers. Various garden areas around the site have been planted using European plants and fruit trees which are familiar to the residents. Residents, who are able to manage gardening, have been allocated a small allotment in which they can plant vegetables. Feedback has been received from the residents that they are very happy with the gardens and enjoy being able to pick fruit from the trees. As part of the garden experience a small pine forest was established. The management team advised that a tree from this forest was cut and brought into the home to decorate for Christmas (Bozic in Croatian) which is a tradition in Croatia. A variety of life size animal statues (cows, pigs, horse) have been purchased and installed in various areas around the home to promote a village like atmosphere.

- A bird aviary has been established at the home which accommodates a variety of parrots, peacocks and doves. Problems were identified with sparrows raiding the aviary and stealing the bird food. A resident suggested a mesh fencing which still enabled residents to view the birds but which was too small for the sparrows to fit through. This was purchased and installed. The area around the aviary is now much cleaner and bird food costs have been reduced.

- A coffee shop has been established in the main hall at the home with the aim of improving interactions between residents in the low care hostel and high care nursing home. Community activities are held in the hall to encourage visitors and resident representatives to make use of the area when visiting residents. The coffee shop has been advertised at the nearby church. The organisation also hires a musician to entertain residents at community events in the hall. Various cultural activities have been moved into the hall so that more residents are able to attend. Residents are also involved in the creation and sale of various craft items as part of the fund raising and activities program.

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 resident lifestyle”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure compliance with legislation and regulations relevant to residents’ lifestyle. For example the home has reviewed and amended the policy regarding the prudential bonds.
to ensure compliance with the Prudential Guarantee legislation and the home maintains a compulsory reporting register.

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

For details of the home’s system for ensuring that management and staff have the appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development. The educators and management team advised that aspects such as resident rights, privacy and dignity are covered as part of the program for the certificate III and IV in aged care. Information on Croatian culture is disseminated to non-Croatian staff members as cultural events occur. Activities staff members have undertaken a certificate IV in leisure and lifestyle.

3.4 Emotional support
This expected outcome requires that “each resident receives support in adjusting to life in the new environment and on an ongoing basis”.

Team’s findings
The home meets this expected outcome

Residents and representatives are satisfied with the ways in which staff provided information prior to entry, assisted the resident to adjust to life within the home and for their ongoing emotional support. There are systems to ensure each resident receives initial and ongoing emotional support through the entry processes. These include the provision of a residents’ information handbook and assessment of individual linguistic, cultural and emotional needs. Staff plan, regularly review and evaluate care in consultation with the resident and their representative using strategies such as family conferences. Staff welcome visiting families and friends and residents are encouraged to go on outings. Residents are encouraged to decorate their room using personal items and photographs to help create a homelike atmosphere. Staff provide residents with emotional support, such as one-to-one interaction. As most residents speak only Croatian, staff organise linguistically suitable activities and resources such as a library which includes Croatian literature and by arranging Croatian entertainers for the residents.

3.5 Independence
This expected outcome requires that “residents 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

Strategies to enable residents’ independence to be maximised are identified and added to the individual resident’s record. Residents’ preferences in relation to a range of activities of daily living and lifestyle are sought and acted upon. Staff encourage and assist residents to achieve maximum independence. The home welcomes visits from resident representatives and community groups and residents are free to take social leave and participate in life outside the home. Staff also assist and encourage residents to participate in decision-making
in relation to health care choices and their personal care or to exercise their rights by signing a risk taking form if they choose to act against health professionals’ advice. Arrangements are made to enable residents to vote at elections. Telephone connections or use of a cordless phone is available to allow independent communication. Residents and their representatives are satisfied that the resident is assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home.

3.6 Privacy and dignity
This expected outcome requires that "each resident’s right to privacy, dignity and confidentiality is recognised and respected".

Team’s findings
The home meets this expected outcome

Staff recognise and respect each resident's privacy, dignity and confidentiality. Staff demonstrated an awareness of privacy and dignity issues in their daily practices, such as addressing residents by their preferred names, appropriate door signage and knocking prior to entering rooms. Confidential resident records and belongings are stored securely. There are areas of the home where residents can be with their friends and relatives in private. Residents and their representatives are satisfied that the resident's right to privacy, dignity and confidentiality is recognised and respected.

3.7 Leisure interests and activities
This expected outcome requires that "residents 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 to encourage and support residents to participate in a range of activities of interest to them. Soon after entry to the home, activities staff complete the resident's social leisure profile in consultation with the resident and their representative. Staff develop an individualised activities program to address the resident's preferred lifestyle, physical, mental, cultural and religious preferences. This is reviewed to address changing needs and preferences. The home’s monthly activities calendar which is based on resident needs and feedback is posted on the noticeboard. The activities officer provides a program of group and individual activities and participation is recorded. The program is evaluated regularly for its appeal to residents and changed as necessary. Popular activities include exercise classes, singing/music, library, bingo, bus outings, clothing care, reminiscing, and there are individual visits for residents who do not enjoy group sessions. Residents and their representatives are satisfied that resident participation is encouraged and supported and the activities offered by the home are of interest to the resident.

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

Management and staff ensure residents’ cultural and spiritual customs, beliefs and preferences are recognised and valued. Residents’ needs and preferences are identified on entry and reviewed regularly. Residents are assisted and supported to maintain contact with
their spiritual and cultural groups. A cultural and religious activities calendar is developed and displayed. Traditional food is served in consultation with the dietician to ensure the nutritional value of meals. Pastoral care workers are employed and a priest is available. Friday and Sunday mass are held in the home and the church next door respectively and services are attended by a large majority of residents. Residents and their representatives confirmed that cultural and spiritual needs are recognised and supported.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident 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

Residents’ personal preferences, needs and choices are identified on entry to the home, and reviewed regularly using a comprehensive range of assessments and consultation with health care professionals, residents and/or their representatives. Advanced care directives are completed by the resident or their representative on entry to the home. The resident information handbook outlines the care and services provided; residents’ rights and responsibilities and complaints mechanisms. Residents are encouraged to participate in decisions about their care and the services provided by using processes such as surveys, resident meetings, continuous improvement forms, and other feedback mechanisms. Bilingual information on residents’ rights and responsibilities is included in the resident handbook, residents agreement and displayed in the home. Residents are encouraged to exercise choice and control regarding all aspects of their care. Residents and resident representatives are satisfied with the choices available to them and that their decisions are respected.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents 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 provides a range of written and verbal information to residents and their representatives on the resident’s entry to the home. This includes information regarding the resident’s security of tenure and residents rights and responsibilities. The home provides an ageing in place service with high care residents receiving goods and services as outlined in the high care schedule of services. Residents are assisted to stay in the home for as long as is practicable. Residents and their representatives are consulted and approval sought for any transfer to a different room or building. Residents and their representatives said residents feel secure in the home and that resident rights are supported through staff practices.
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.

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

- In 2011 the home was advised by Sydney Water that they were planning to reduce water pressure in the area. Problems were later identified with internal water pressure which indicated that the water pressure had been reduced in advance of the date originally advised. A hydraulic engineer was consulted about options to improve water pressure for the fire sprinkler system and site. As a result a pump house was built on-site. This ensures the home has adequate water pressure across the site to operate the fire sprinklers as well as providing adequate water pressure for on-site needs such as resident showers, catering and maintenance.

- As a result of the increase in resident numbers the organisation made a decision to increase the size of the laundry. After work was completed on the pump house the laundry was extended, with new flooring and new equipment installed including a reverse cycle air-conditioner. Changes were also made to staffing in the laundry with the appointment of a laundry supervisor to manage staff and laundry services.

- A suggestion from a laundry staff member resulted in the purchase of small baskets to contain and return residents’ clothing. Clean items were previously stacked together which resulted with some items being inadvertently placed in the drawers and wardrobes of the wrong resident. The baskets are labelled with each resident’s name. Residents’ clean clothing is placed in the basket with their name. This reduces the risk of clothing being accidently mixed up with other residents’ clothing and returned to the wrong resident. Positive feedback was received from residents and their representatives on the laundry system.

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 regarding the home’s system to ensure compliance with legislation and regulations relevant to the physical environment and safe systems. This regulatory system includes compliance with work health and safety requirements, the routine inspection of the fire alarm and fire fighting equipment as well as compliance with food safety requirements of the NSW Food Authority.
4.3 **Education and staff development**

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

**Team’s findings**

The home meets this expected outcome

For details of the home’s system for ensuring that management and staff have the appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development. Education sessions and activities include infection control, manual handling, chemical safety and fire 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 residents' care needs".*

**Team’s findings**

The home meets this expected outcome

The home has systems in place to ensure a safe and comfortable environment for residents. Maintenance folders are located at various areas around the site. These are used to alert the maintenance officer to any work that is required. The maintenance officer advised they check these folders regularly and organise any repair work. Qualified tradesmen are contacted for any necessary repairs of the building or equipment which is beyond the expertise of the maintenance team. A program of planned preventative maintenance is in place to ensure the buildings and extensive grounds are well maintained and equipment is routinely serviced. Residents are encouraged to bring in items of personal memorabilia to decorate and personalise their rooms.

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 systems which demonstrate management is actively working to provide a safe working environment. There is a system for reporting hazards as well reporting and analysing accidents and incidents. Environmental safety is monitored on an ongoing basis through a regular program of audits as well as visual inspections on an ongoing basis. Staff interviewed demonstrated an understanding of the home’s safety practices and of their role in maintaining a safe working environment. This was also confirmed through the observation of staff work practices throughout the site audit.
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 in the home. As part of the home’s safety system there are external contractual arrangements for the routine maintenance of the fire fighting equipment and internal fire alarm system. A random check on various pieces of fire fighting equipment around the site, confirmed they are inspected on a regular basis. Staff advised that fire safety is included as part of the orientation sessions for new staff members as well as part of the mandatory education program. Staff members were able to provide a consistent response on the procedures to be followed in the event of a fire. The home has a designated room in which a range of equipment and supplies is available in the event of an emergency evacuation situation. Key information on a range of emergency situations is located near the telephones in a flip chart format to provide staff members with a quick reference in the event of emergency situations. There is a disaster plan with key telephone numbers located in a folder next to the fire panel.

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

Team’s findings
The home meets this expected outcome

The home has an effective infection control program. This includes the use of statistical information to monitor infections and identify any possible issues as well as conducting environmental audits and hand washing competencies for staff. Education is provided to staff across a range of work roles to ensure safe work practices in relation to infection control. Personal protective equipment such as gloves and aprons are available to staff and washing basins are located throughout the home. Staff explained the procedures in place to reduce the risk of cross infection throughout the home which also includes the use of colour coded cleaning equipment for specific areas.

4.8 Catering, cleaning and laundry services
This expected outcome requires that "hospitality services are provided in a way that enhances residents’ quality of life and the staff's working environment".

Team’s findings
The home meets this expected outcome

The home has systems to manage the hospitality services provided to residents. Information on residents’ dietary needs and preferences is obtained on entry to the home and referred to the kitchen. A food safety system is in place, which ensures the temperature of the food through the delivery, storage, cooking and serving processes is monitored. The home has a program for the routine cleaning of all areas of the home to ensure the home is well maintained. An on-site laundry manages the laundering of residents’ clothing and linen. A system is in place in the laundry to ensure that there is no cross contamination between clean and dirty items. Residents and their representatives spoke very favourably about the meals, laundry and cleanliness of the home.