



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Opal Lourdes RACS ID: 2750

Approved Provider: DPG Services Pty Ltd

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

Reconsideration Decision made on 6 March 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 18 September 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 25 October 2015 to 25 October 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 6 March 2018

Accreditation expiry date 25 October 2019



Australian Government

Australian Aged Care Quality Agency

Opal Lourdes

RACS ID 2750
95 Stanhope Road
KILLARA NSW 2071

Approved provider: DPG Services Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 25 October 2018.

We made our decision on 18 September 2015.

The audit was conducted on 12 August 2015 to 13 August 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

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

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

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Opal Lourdes 2750

Approved provider: DPG Services Pty Ltd

Introduction

This is the report of a re-accreditation audit from 12 August 2015 to 13 August 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 12 August 2015 to 13 August 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:	Rodney Offner

Approved provider details

Approved provider:	DPG Services Pty Ltd
--------------------	----------------------

Details of home

Name of home:	Opal Lourdes
RACS ID:	2750

Total number of allocated places:	64
Number of care recipients during audit:	61
Number of care recipients receiving high care during audit:	61
Special needs catered for:	Not applicable

Street/PO Box:	95 Stanhope Road	State:	NSW
City/Town:	KILLARA	Postcode:	2071
Phone number:	02 8467 4550	Facsimile:	02 8467 4560
E-mail address:	dl_compliance@opalagedcare.com.au		

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Care recipients/representatives	13
Care manager	1	Lifestyle coordinator	1
Regional manager	1	Physiotherapist	1
Quality adviser	1	Reflexologist	1
Registered nurses	3	Catering services operations manager	1
Care staff	4	Catering services manager/chef	1
Administration assistant	1	Catering staff	1
Maintenance officer/fire officer	1	Area manager cleaning services	1
Laundry staff	1	Cleaning services staff	1

Sampled documents

	Number		Number
Care recipients' care documentation (assessments, care plans, progress notes, medical officers notes and various forms and charts)	7	Medication charts/medication signing sheets	11
Care recipients' wound assessments and management plans	8	Personnel files	5
Blood glucose level charts	2	Risk assessment forms	4
Food and fluid intake charts	5	External contract agreements	8
Improvement forms	7	Resident agreements	2
Complaints	10	Maintenance request logs	20
Compliments	3		

Other documents reviewed

The team also reviewed:

- Accident and incident documentation: accident and incident reports, monthly clinical indicator data, clinical indicator reports
- Care recipient list
- Cleaning schedules, inspection reports, work instructions and information folders
- Clinical care documentation: handover sheets, staff communication diaries, medical officers communication folders, appointments sheets (electronic), entry to home

assessment schedule, vital observation charts, care plan consultation with resident/representative form

- Continence management documentation: bowel charts, care recipients' pictorial continence aid allocation charts
- Cultural and spiritual support documentation: cultural origins list, theme days, communication aids, church service times, local community spiritual contacts list, various resources
- Diabetic medical directives, diabetic orders forms
- Education documentation: education calendars, education training attendance records, skills assessments and staff orientation program, agency staff folder
- Fire safety and emergencies documentation: inspection records, annual fire safety statement, emergency evacuation management plan, evacuation details of care recipients and emergency evacuation signage
- Folder with identification sheets for care recipients with wandering behaviours
- Food safety documentation: food safety program, food safety monitoring records, New South Wales (NSW) Food Authority audit, care recipients' dietary requirements and food preference information and menu
- Human resource management documentation: employment documentation, job descriptions, duty statements, employee orientation handbook and staff appraisals
- Infection control documentation including care recipient vaccination records, pest control reports, legionella species reports, outbreak reference material and associated records, infection control manual, infection control guidelines, infection control summaries
- Information management: communication books, resident information handbook, newsletters, procedural notices/memoranda, employee orientation handbooks, care recipient enquiry/entry to home information pack, contact lists, memorandum folder
- Maintenance documentation: preventative maintenance schedules and sign off sheets, supplier list and associated information, service reports, maintenance request logs and warm water temperature checking records
- Medication management documentation: resident identification charts, short term medication signing chart, schedule eight register, medication incident reports, medication management audits, nurse initiated medication lists, medication refrigerator temperature records, staff sample signatures record, medication advisory committee meeting minutes, international normalised ratio pathology testing results, warfarin administration charts
- Minutes of meetings
- Mobile dental service reports
- Mobility and dexterity documentation: falls risk assessments, physiotherapy assessments, mobility assessments
- Nutrition and hydration documentation: weight tracker, weight charts, a dietician report, a speech pathology report, menu nutrition review, extra services breakfast meal preferences, supper list, dietary matrix
- Opal Lourdes Australian Aged Care Quality Agency self-assessment tool for re-accreditation
- Pain management documentation: heat pack assessments, pain assessments, pain treatment records, modified resident verbal brief pain inventory charts, clinical management flowcharts
- Policies and procedures

- Quality management system: vision, mission, values, organisational chart, policies and procedures, continuous improvement plans, continuous improvement documentation, audit schedule, audit results and reports, survey results
- Recreational activity documentation: activity programs, leisure and lifestyle participation records, one-to-one sessions scheduled for care recipients at risk of social isolation, lifestyle activity evaluation tool, lifestyle event evaluation tool, birthday list
- Regulatory compliance documentation: compulsory reporting incident documentation, staff police check register, NSW Food Authority Licence, professional registration records and consent forms for the collection and handling of private information
- Specialised nursing care documentation: catheter care management charts, oxygen therapy chart, catheter change due date, stoma care check sheets, clinical management flowcharts
- Work health and safety system documentation: risk assessments and safety data sheets
- Wound dressing register

Observations

The team observed the following:

- Accreditation notices on display
- Activity program on display, care recipients participating in activities and activity resources
- Annual Fire Safety Statement, fire sprinklers, fire safety plans, emergency exits, fire equipment and emergency evacuation kit, firefighting and detecting equipment, fire panel, evacuation plans
- Call bell system in operation
- Care recipients mobilising with mobility aids or staff assistance
- Chemical storage
- Cleaning in progress with appropriate signage
- Equipment and supply storage areas
- Feedback forms, complaints information including internal and external mechanisms on display
- Heat packs for treatments for care recipients
- Infection control equipment: hand washing stations, hand sanitiser accessible throughout the building, contaminated waste bins, colour coded cleaning equipment, sharps containers, outbreak management kits, personal protective equipment
- Interactions between staff and care recipients/representatives and other health and related services personnel
- Living environment – internal and external areas
- Manual handling chart in care recipient room
- Meal service, staff assisting care recipients with meals
- Mobility equipment including mechanical lifters, shower chairs, wheel chairs, walkers
- Noticeboards and posters, notices, brochures and forms displayed for care recipients, representatives and staff
- Notices of re-accreditation audit on display

- NSW Food Authority licence on display
- Nurses station and clinical areas including wound management equipment, clinical stores, clinical information resources and computer terminals
- Safety data sheets
- Secure storage of care recipient and staff information
- Short group observation in dining room
- Sign in/out books – including care recipients, visitors, contractors
- Staff handover
- Staff work areas including offices, kitchen and laundry
- Storage of medications, registered nurses completing medication rounds
- The 'Charter of Residents' Rights and Responsibilities' on display

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 utilises a continuous improvement system which includes a quality management system and performance review mechanisms. Improvements are identified through a number of avenues including care recipient/representative meetings, staff meetings, audits, benchmarking and review of clinical data. The home also utilises surveys, suggestions, incidents and staff performance appraisals. Part of this system includes ensuring compliance with the Accreditation Standards through the audit program. The home uses these indicators along with other input from stakeholders to identify opportunities for improvement and to develop improvement plans. Care recipients/representatives and staff reported they have opportunities and are encouraged to participate in the home's continuous improvement activities.

- Management identified through observation and a review of care recipients' weight charts there was a need to ensure there are appropriate processes in place whereby care recipients' weights could be accurately measured. Consequently the home purchased a special lifter incorporating a sling weight measurement scale. Management stated the purchase of this lifter has assisted in ensuring the weights of care recipients are measured accurately by staff.
- Management identified through staff feedback there was a need to improve the quality of pest control services provided to the home. Consequently a new externally sourced pest control service provider was engaged by the home which management reported meets the home's needs and its service goals.
- Management identified through observation there was a requirement for documents such as resident agreements and personnel files which are out of date to be securely stored in an off-site location. In response to this management implemented a system whereby a regular review of the home's hard copy files and documents occurs and as appropriate such documents are archived at an off-site location.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems that identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The home accesses relevant information through the organisation's subscription to legislative update services and membership with a

peak body. The home receives information from government departments and accesses the internet and other sources. Management communicate changes to staff by documentation, staff meetings and staff education sessions. Compliance with regulatory requirements is monitored through audits, skills assessments, staff appraisals and observations by management.

Examples of regulatory compliance relating to Accreditation Standard One include:

- The organisation conducts reviews of all policies and procedures on a regular basis to ensure all relevant legislation, regulatory requirements, professional standards and guidelines are appropriately documented.
- Procedures for monitoring police certificates for staff are in place. Interviews and documentation confirmed that these have been completed.
- The organisation and home have a system whereby external contractors' registrations and insurances are checked to ensure they are current.
- Information brochures for the Aged Care Complaints Scheme are available within the home.

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 systems that ensure staff have appropriate knowledge and skills to perform their roles. Calendars of education sessions are developed which detail mandatory training sessions and education of interest or importance to various staff members. Learning packages are provided and some are skills based. Education and training requirements are identified through staff performance appraisals, internal audits and staff requests. Management and staff are supported to attend internal and external courses. Participation records are maintained and reviewed by management when planning future education programs. Staff interviews indicated they are provided with training as part of the home's orientation process and have access to on-going education.

Examples of education and staff development relating to Accreditation Standard One include:

- The home regularly undertakes induction and orientation sessions for new staff.
- Calendars of education sessions have been developed through a consultative needs analysis between management and staff.
- Staff receive training on a wide range of topic areas relating to the Accreditation Standards including Accreditation Standard One.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Information about internal and external complaint mechanisms is provided to care recipients and representatives on care recipients' entry to the home. This information is contained in

the care recipient enquiry/entry to home information pack. Information is also communicated on a regular basis through resident and representative meetings and information on display in the home. Staff are made aware of these mechanisms through policies and procedures and staff meetings. Feedback forms are available within the home. Brochures about external complaint mechanisms are also on display. Staff demonstrated they have knowledge and understanding of the complaint handling process and of their role in assisting care recipients to raise issues if necessary. Review of comments and compliments as well as other relevant documents indicated that issues raised are responded to in an effective and timely manner. Care recipients/representatives interviewed are aware of how to make a complaint when necessary.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's mission, vision and values are available in a number of documents including handbooks for care recipients and staff. The home's mission, vision and values form a part of the staff orientation program and are discussed with staff.

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 that aims to ensure there are enough staff with appropriate skills and qualifications to meet care recipients care and lifestyle needs. The organisation together with the home's management team review staffing requirements to ensure sufficiency of human resources. Recruitment procedures ensure the best possible match between candidates and roles are achieved. Staff are provided with position descriptions and there are systems in place for staff orientation, education and performance management. Performance appraisals are conducted and results are fed into the home's human resource management system. Observations, documentation and care recipient interviews showed there are sufficient staff with the appropriate knowledge and skills to perform their roles effectively. Care recipients/representatives spoke positively about staff working in the home saying they are "very caring", "kind" and "lovely and gentle".

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 stocks of goods and equipment that support quality service delivery. Specific staff are designated for maintaining adequate stock levels and ensuring such stock meets the required quality standards. The home has systems to guarantee the integrity of the stock,

and stock is rotated as required. Equipment needs are identified through staff requests, audits, asset replacements and acquisition programs. The home has preventative and reactive maintenance programs. Maintenance request reports are maintained and action is taken in an efficient and effective manner to deal with any requests or preventative maintenance tasks. Emergency maintenance requirements are dealt with in a timely manner. Staff are satisfied with the amount of supplies and quality of the equipment available to ensure the provision of quality care and services for care recipients.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has an information management system that provides relevant information to stakeholders. The home's communication system includes meetings, handbooks for care recipients and staff, newsletters, policies and procedures, noticeboards, staff handovers and a clinical documentation system. The home utilises these communication channels along with management's 'open door' policy to disseminate information and to collect feedback. The information management system governs the collection, processing, accessing, reporting, storage, archiving and destruction of information and records. The home has policies covering relevant regulatory requirements for management of information and records including confidentiality and privacy matters. Access to confidential information and records is controlled and limited to authorised staff. Observations demonstrated that care recipient and staff files are stored securely. Staff confirmed they receive and have access to relevant information that allows them to perform their roles effectively. Care recipients/representatives stated they are kept informed regarding care recipients' needs and other matters appropriate to them.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home's externally sourced services are arranged primarily by way of specified contract agreements. There is a designated process whereby specific criteria must be met in relation to services to be supplied, and references, insurance and criminal history checks are made. All major contracts are reviewed regularly through feedback by the organisation. Contractor non-performance is recorded and actioned immediately if urgent or at the time of reviewing the contract. To enable staff to contact an appropriate contractor/supplier, lists are maintained at the home and updated as required. Staff are kept informed of appropriate matters relating to the provision of externally sourced 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 improvements for information about the home's continuous improvement system.

Examples of specific improvements relating to Accreditation Standard Two include:

- Audit results identified the need to ensure care recipients with responsive behaviours are managed more effectively. Consequently education sessions for registered nurses were held on how to effectively manage various types of behaviours and a review of care recipients' behaviour management care plans has been undertaken. A review of audit results together with discussions with management showed there have been improvements in the way in which the home manages care recipients with responsive behaviours.
- Management identified through audit results and observation of care staff medication management practices there was a need to improve the way in which the home ensures care recipients' medication is managed safely and correctly. As such the home has implemented a number of improvement strategies including adoption of the organisation's medication manual operating practices, assessing registered nurses on their medication management competencies and conducting education toolbox sessions. Management stated implementing these strategies has assisted in ensuring care recipients' medication management is safe and correct.
- Management identified through the clinical indicator reporting system there was the requirement to ensure appropriate processes are in place for the efficient and effective monitoring of care recipients' weights. Consequently the home implemented the organisation's policies and procedures regarding care recipient weight monitoring. This includes putting a weight tracker process in place, conducting monthly weighing of care recipients and clearly identifying where weight changes have occurred so appropriate care interventions can occur. Management reported care recipients' weights are now being more effectively monitored and appropriate care interventions are being implemented.

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 details on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Two include:

- The home monitors registered nurses' registrations.
- The home monitors the registrations of visiting health professional to ensure they are current.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

Examples of education relating to Accreditation Standard Two include:

- continence management
- falls prevention
- management of wandering care recipients
- managing behaviours
- monitoring of care recipients care
- nutrition
- oral health
- pain management
- palliative 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 care recipients to receive appropriate clinical care. This includes assessment and care planning processes. Medical officers attend the home regularly and on request. Verbal, written and electronic processes are used to inform care staff of care recipients' care needs. Processes are also in place to inform medical officers of care recipients' health issues in need of review. Care recipients have their weights and vital sign observations recorded each month or when there is a change in their condition. Care recipients and/or their representatives have opportunities for input into the care recipients' care delivery through ongoing verbal discussions. The new care manager is developing a schedule for offering care conferences. The home has an incident reporting system and a range of clinical indicator data is monitored. Care recipients/representatives expressed satisfaction the support provided for care recipients' clinical care needs.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has processes to support care recipients’ specialised nursing care needs to be met including providing 24 hour registered nurse coverage seven days a week. Examples of care recipients’ specialised nursing care needs currently supported include urinary catheter care, wound care, oxygen therapy and diabetes management. Various charts and records for care recipients’ specialised nursing care needs are maintained such as directives for diabetic management. Observations and registered nurse interviews demonstrated they have access to sufficient supplies of equipment for care recipients’ specialised nursing care needs. Management reported the home can utilise local hospitals’ clinical nurse consultants or specialist teams for advice when needed. Clinical management flowcharts are also available to guide staff for care recipients’ specialised nursing care. Care recipients expressed satisfaction with the support provided for their specialised nursing care needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has processes to support care recipients to be referred to appropriate health specialists in accordance with their needs and preferences. Documentation reviews and interviews demonstrate care recipients have been seen by various health services which visit the home. Examples include physiotherapy, podiatry, speech pathology, reflexology, a mobile dental clinic, a mobile X-ray, pharmacy and pathology services. Management advised that an optometry service also visits the home regularly. Management advised that care recipients are transported to external appointments by family members or that agency staff can be organised to escort care recipients when necessary. Care recipients/representatives expressed satisfaction with care recipients’ access to health services in accordance with their 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

The home has processes to support care recipients’ medication to be managed safely and correctly. Registered nurses administer care recipients’ medications using a pre-packed medication administration system or directly from containers for medications which cannot be pre-packed. Documentation is maintained to guide them on care recipients’ medication allergies, when medications need to be crushed and photographic identification. A register for monitoring schedule eight medication administration is maintained. Eye drop containers are labelled when opened and the temperatures of the medication refrigerators are monitored. The home has a medication advisory committee and a medication incident reporting system is in place. The pharmacy service completes medication audits. The nurse initiated medication list has recently been reviewed and supplies of medications for

emergency use are maintained. Care recipients/representatives expressed satisfaction with the medication management provided by the home.

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 care recipients to be as free as possible from pain. This includes assessment and care planning processes and referring care recipients to medical officers for review when necessary. The physiotherapist and physiotherapy aide who attend the home provide regular treatments for care recipients’ pain management. Verbal and non-verbal pain assessments and ongoing pain treatment charts are used to record care recipients’ pain management needs and/or treatments. Examples of strategies currently provided for care recipients’ pain management include the administration of pain relieving medications, heat pack applications, gentle exercises, ultrasound and therapeutic massage. Care staff interviews demonstrated they are aware of non-verbal indicators of pain and they said they would report care recipients identified to be experiencing pain to a registered nurse for review. Care recipients/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 care recipients who are terminally ill. Assessments to assist in identifying care recipients’ end of life wishes are available for completion. Care staff interviews demonstrated they support care recipients who are terminally ill through caring for their physical needs including ensuring the care recipients are comfortable. Management reported that clergy would be accessed to provide spiritual support for care recipients and their families as needed. Management also advised the representatives of care recipients who are terminally ill can stay in the home overnight if desired. The home has access to palliative care specialists from a nearby hospital and an advisory service for advice when necessary. Care recipients/representatives expressed satisfaction with the care and support the home provides.

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 care recipients’ nutrition and hydration. This includes the assessment and care planning for care recipients’ dietary needs and the recording of these needs in a dietary matrix to guide catering staff. Provision is made to support care recipients who require texture modified diets, dietary assistive devices, thickened fluids and special diets. The four week rotating seasonal menu has been reviewed by a dietician and staff advised that fresh fruit is served according to care recipients’ preferences. Care recipients

are provided with fluids at regular intervals to support their hydration. Care recipients' weights are monitored for unplanned weight variances and dietary supplements are ordered when the need is identified. A speech pathologist is available to review care recipients with difficulty in swallowing and an example of this was provided for review. Care recipients/representatives expressed satisfaction with the support for care recipients' nutrition and hydration.

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 to support care recipients' skin integrity to be consistent with their general health including assessment and care planning processes. A podiatrist and a hairdresser visit the home regularly to support care recipients' needs. Nursing staff are available to assist with care recipients' nail care. Care staff advised of strategies for maintaining care recipients' skin integrity such as applying moisturising creams and repositioning. We observed pressure relieving equipment in use including comfort chairs and air mattresses. The incident reporting system includes monitoring incidents of care recipients' skin integrity breakdown. Care recipients' wound care is completed and documented by registered nurses and care recipients' wounds are photographed to assist with monitoring their healing. Care recipients/representatives expressed satisfaction with the support the home provides for care recipients' 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

The home has processes for care recipients' continence to be managed effectively including assessment and care planning processes. The care manager oversees processes for the supply and distribution of care recipients' continence aids. A representative from the continence aid supply company is available to provide advice on care recipients' continence aid needs when required. Care staff said they have access to sufficient supplies of continence aids and support care recipients with toileting at regular intervals or when necessary. The home has strategies for care recipients' bowel management such as maintaining bowel charts, prunes offered for breakfast and the administration of medications for bowel management. Care recipients/representatives generally expressed satisfaction with the continence management provided in the home.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The home has processes through which the needs of care recipients with responsive behaviours are managed effectively. This includes assessment and care planning processes and referring care recipients with responsive behaviours to their medical officers for review

when necessary. The home has key padded security on the front entrance to support the safety of care recipients with wandering or absconding behaviours. The organisation has a restraint minimisation policy and management reported no care recipients currently have physical or chemical restraint in use. Staff advised of behavioural management support for care recipients including identifying the reasons for the care recipients' behaviour. Care recipients with dementia are supported to attend the activity programs provided. Representatives commented on the improvement to the support provided for care recipients with dementia through the introduction of the Sunshine Club in the afternoons.

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 care recipients to maintain their mobility and dexterity including assessment and care planning processes. Assessments completed include the identification of care recipients' mobility needs, manual handling and transfer needs and their risk of falling. A physiotherapist attends the home throughout the week to assess care recipients' mobility and dexterity needs and provide support as necessary. A physiotherapy aide is also available to support care recipients with gentle exercises during their pain management programs and to assist with exercise programs. Daily morning exercise groups have recently been added to the recreation activity program. Several care recipients were observed mobilising independently or with family or staff supervision. Examples of strategies for care recipients' falls prevention include providing mobility aids, reviews by the physiotherapist, use of beds lowered to the floor and accident/incident reporting. Care recipient/representative interviews indicated they are satisfied with the support provided for care recipients' 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 care recipients' oral and dental health care is maintained. This includes assessment and care planning processes and the ongoing monitoring of care recipients' oral and dental care needs. A mobile dental service comes to the site and provides dental reviews for care recipients. Management, staff and care recipient/representative interviews demonstrated the home supplies care recipients with products to support their oral hygiene such as tooth brushes and tooth paste. Care staff reported they provide care recipients with assistance with their oral hygiene including teeth cleaning and denture care as required. Management and staff also reported care recipients' dentures are labelled. Care recipients/representatives expressed satisfaction with the support provided for care recipients' 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 care recipients’ sensory loss needs including assessment and care planning processes. Assessment tools available for completion include the identification of care recipients’ hearing, vision, taste, touch and smell sensory loss needs. Management said an optometry service visits the home regularly to review care recipients. Care staff advised of strategies they use to assist care recipients with vision and hearing loss such as providing spectacle and hearing aid care. Staff also advised that auditory books can be accessed for care recipients when needed. We observed the living environment is free of clutter and well lit. Care recipients/representatives expressed satisfaction with the support available for care recipients’ 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 assists care recipients to achieve natural sleep patterns through the assessment and care planning processes. Care recipients’ assessment and care planning includes the identification of care recipients’ desired settling and rising times as well as their other preferences to assist them to achieve a restful sleep at night. Care recipients have call bells in their rooms to call for staff assistance at night if required. Staff available to support care recipients at night include one registered nurse and three care staff. Staff reported that snacks and drinks are readily available for care recipients during the night if required. Care recipients reported the home is quiet at night and they sleep well. Representatives did not identify any problems with care recipients achieving natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for the details of the home’s continuous improvement system.

Examples of continuous improvement relating to Accreditation Standard Three include:

- Management and staff identified the need for additional cultural and spiritual resources for care recipients and staff so that the individual customs, beliefs and cultural and ethnical backgrounds of care recipients could be appropriately valued and fostered. Consequently a cultural kit, language tool and a festival and important days’ calendar was purchased. Also the home introduced a cultural background report relating to care recipients. The home has identified staff have found the additional resources and reports have assisted them to value and foster care recipients’ individual customs and beliefs.
- Management and staff identified the need to improve the range of activities and leisure interests available to care recipients. As such the home’s activity program has recently been amended incorporating more activities that are of interest to care recipients. In addition, the home recently employed a recreational activity co-ordinator and is currently advertising for another recreational activity officer. Management reported the activity programs will continue to be improved and will focus on meeting the interests of care recipients as well as focussing on providing appropriate one-to-one support.
- An afternoon Sunshine Club has been introduced to improve the support provided for care recipients with dementia. This provides care recipients with a quiet environment and a variety of activities to support them in the afternoons and early evening. Representatives reported this has resulted in providing more support for care recipients’ behavioural management and they think it has made an improvement to the care recipients’ quality of life.

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

Examples of regulatory compliance relating to Accreditation Standard Three include:

- The ‘Charter of Care Recipients’ Rights and Responsibilities’ is on display.
- The resident agreements and resident information handbook outline security of tenure and are based on applicable legislation.
- The home has a system for compulsory reporting in relation to care recipient assault according to current legislation.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Interviews and documentation reviews demonstrate that staff have knowledge and skills relating to care recipient lifestyle.

Examples of education related to Accreditation Standard Three include:

- activities and lifestyle
- dementia awareness
- privacy.

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 care recipient receives support in adjusting to life on entry to the home and on an ongoing basis. Processes include providing prospective and/or new care recipients and their representatives with information about the care and services available in the home. Various assessments and care plans are completed for care recipients through which their emotional support needs are identified. Staff advised they support new care recipients through welcoming and orientating them to the home as well as providing ongoing support. The home has a list of representatives from different religious groups who can be accessed to support care recipients if necessary. Care recipients/representatives expressed satisfaction with the initial and ongoing emotional support provided.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve independence, maintain friendships and participate in the life of the community within and outside the home. The home provides an environment in which representatives, friends and school students are welcome to visit. Care recipients' independence is also fostered through the regular bus outings provided. Care recipients can choose to have telephones, radios, computers and televisions in their rooms. Care staff advised they encourage care recipients to do as much as they can to maintain their independence during the activities of daily living. Equipment is in use to support care recipient independence such as mobility aids. Staff advised that a polling booth is set up on site during elections, through which care recipients can lodge their votes when desired. Care

recipient/representative interviews demonstrated care recipients are assisted to achieve independence and participate in community life within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home demonstrates that each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Care recipients or their representatives are requested to provide consent relating to the use of personal information. Staff described strategies for maintaining respect for care recipients' privacy and dignity such as closing doors and privacy curtains when providing treatments in care recipients' rooms. Dignity gowns were observed in use. Care recipients' electronic care information is pass word protected and hard copy documentation is stored securely. Care recipients/representatives expressed satisfaction with the way in which staff are respectful of care recipients' privacy and dignity needs.

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 care recipients to participate in interests and activities of interest to them including assessment processes. Activity programs are held seven days a week. Care recipients are informed of activities available through activity programs on display, activity programs given out, verbal reminders and staff assistance to attend. Examples of activities provided include trivia, painting, bingo, craft, happy hour, entertainments and movies. One-to-one support and activities to support care recipients with dementia have recently been increased. Care recipients' participation at activities is recorded and the home has evaluation tools through which activities can be evaluated. Care recipients/representatives expressed satisfaction with the group activities available. Several care recipients said they prefer to do individual activities in their rooms in accordance with their choices and preferences.

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 through which care recipients' individual interests, customs, beliefs and cultural backgrounds are valued and fostered. This includes assessment and care planning processes. Special celebrations are held for cultural and religious days such as the ANZAC Day, Australia Day, Christmas and Mother's Day. Staff advised that monthly birthday celebrations are held with a celebratory cake. Management, staff and care recipient interviews demonstrated that clergy are available to visit the home such as a Roman Catholic priest who attends the home regularly. Church services are held regularly in a chapel in the complex in which the home is situated, which care recipients can attend. The home has

resources to guide staff on support for care recipients with culturally and linguistically diverse backgrounds including a variety of language pictorial cue cards for use when necessary. Care recipients/representatives expressed satisfaction with the support the home provides for care recipients' 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 care recipients and/or their representatives to participate in decisions about the services provided and to exercise choice and control over their lifestyle. Care recipients/representatives are informed of choices available and their rights through the information provided on entry to the home. This includes the resident agreement and the resident information handbook. A range of information brochures and the Charter of Care Recipients' Rights and Responsibilities are on display. A newsletter informing care recipients/representatives of events in the home has also recently been introduced. The home provides mechanisms through which care recipients and/or their representatives can have input into the services provided. These include resident and representative meetings, surveys, verbal discussions and comments and complaints mechanisms. Examples of care recipients' choices for care and services include choice of participation in activities and choices of meals. Care recipients/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

The home has systems to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Information on security of tenure and care recipients' rights and responsibilities is provided and discussed with prospective care recipients and their representatives prior to and on entering the home. The resident agreement is accompanied by an information handbook which outlines care and services, care recipients' rights and feedback mechanisms. Any changes in room and/or location within the home are carried out in consultation with care recipients and/or their representatives. Ongoing communication with care recipients and representatives is through meetings and correspondence.

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 further information relating to the home’s continuous improvement system.

Examples of recent improvements in relation to Accreditation Standard Four include:

- Following a review of the home’s fire safety evacuation procedures improvements were made. These improvements include replacing the existing fire evacuation directional signage with more accurate signage as well as ensuring appropriate care recipient information and emergency equipment is contained in the home’s emergency evacuation kit. The outcome of these improvements is a safer working environment that minimise fire and emergency risks.
- The organisation identified the need to install fire sprinkling systems as mandated by the New South Wales Government. Accordingly a fire sprinkling system was installed into the home in July 2014. The result of this improvement is minimisation of fire risk to care recipients and staff and compliance with appropriate fire safety legislation.
- Management identified the need to improve storage areas in the home. Items no longer required have been discarded and new storage areas have been developed. This includes areas for continence aids and clinical supplies. A caged storage area has also been made tidier to improve the storage of items in this area. This has resulted in improving staff access to equipment and supplies as well as improving the home’s processes for monitoring items used.

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 details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Four include:

- The home has a current NSW Food Authority licence and the food safety system has been audited by the NSW Food Authority.
- The home has a current annual fire safety statement on display.
- The home provides safety data sheets with stored chemicals.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

Examples of education relevant to Accreditation Standard Four include:

- fire safety and other emergencies
- food safety and hygiene
- handwashing
- infection control
- manual handling
- work health 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 can demonstrate that it is actively working to provide a safe and comfortable environment consistent with care recipients' needs. The home is a single storey building with various sections comprised of single and multi-bedded rooms with ensuite or shared bathrooms. The building is well lit with natural light, and there is a preventative and reactive maintenance program in place. The air conditioning for some areas has recently been improved. Recording of warm water temperatures and regular inspection audits covering the environment are undertaken. Care recipients/representatives stated they are satisfied with care recipients' rooms and the communal living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Systems and processes enable the home to demonstrate that management and staff are working together to provide a safe working environment that meets regulatory requirements. The home undertakes regular workplace inspection audits and there are processes for the identification and addressing of hazards and incidents. There is manual handling education for all staff. Chemicals are appropriately stored and safety data sheets and personal protective equipment is available at point of use. Staff demonstrated knowledge and understanding of workplace safety issues and responsibilities, and we observed safe practices in operation.

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 established practices to provide an environment and safe systems of work that minimise fire, security and emergency risks. Fire evacuation plans, emergency procedure documentation and exit signs are located throughout the home. Monitoring and maintenance of all fire and alarm equipment is undertaken and reports are provided. Fire equipment is located throughout the home. Appropriately responding to emergency training is included in the orientation program and there are mandatory annual updates. Staff are aware of procedures to be followed in the event of an emergency. An emergency evacuation kit is readily available which includes information detailing care recipients' care needs and relevant contact information. Staff demonstrated they are aware of and understand their responsibilities in the case of fire and other emergencies.

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 system. This includes policies and procedures including outbreak management procedures, audits, staff induction and education, and the use of personal protective equipment. Spills kit, sharps disposal containers, hand sanitiser dispensers and hand washing stations, contaminated waste disposal and adequate supplies of personal protective equipment were observed during the audit. Incidents of infection are documented and care recipients with infection propensity are monitored. There are outbreak boxes available and procedures in place in case of an outbreak. Staff are aware of infection control procedures. A food safety plan is used and the NSW food authority licence is current. Laundry and cleaning systems comply with infection control practice and colour coded equipment is in use. Care recipients and staff are offered vaccinations annually. A pest control program is in place. Staff receive training in infection control and safe work practices.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Care recipients generally expressed satisfaction with the hospitality services provided at the home. Comments included "the food is very good", "my room is kept beautifully clean", "and my clothes are returned very clean by laundry staff". Care recipients' dietary needs and choices are assessed and documented on entry to the home and details provided to catering staff. All food is cooked on site. The home presents as clean, fresh and well maintained. Contract cleaning staff perform their duties guided by documented schedules, work instructions and results of inspections. Cleaning equipment is colour coded. Staff demonstrated a good knowledge of infection control, manual handling requirements and safe handling of chemicals. Personal laundry services are provided on site whilst linen is laundered by an external organisation according to specific contract arrangements. There are procedures and work instructions for the collection and handling of linen. Staff described

the processes for the collection and transportation of dirty linen and distribution of clean linen to care recipients.