



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Presbyterian Aged Care - Paddington**

RACS ID 0536  
74 Brown Street  
PADDINGTON NSW 2021

**Approved provider: The Presbyterian Church (New South Wales) Property Trust**

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 06 October 2018.

We made our decision on 31 August 2015.

The audit was conducted on 21 July 2015 to 23 July 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

### Standard 1: Management systems, staffing and organisational development

#### Principle:

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

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

## Standard 2: Health and personal care

### Principle:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

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

## Standard 3: Resident lifestyle

### Principle:

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

Expected outcome	Quality Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

## Standard 4: Physical environment and safe systems

### Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Presbyterian Aged Care - Paddington 0536**

**Approved provider: The Presbyterian Church (New South Wales) Property Trust**

### **Introduction**

This is the report of a re-accreditation audit from 21 July 2015 to 23 July 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

### **Assessment team's findings regarding performance against the Accreditation Standards**

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 21 July 2015 to 23 July 2015.

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

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

## Assessment team

<b>Team leader:</b>	Philippa Clarke
<b>Team member/s:</b>	Delia Cole

## Approved provider details

<b>Approved provider:</b>	The Presbyterian Church (New South Wales) Property Trust
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## Details of home

<b>Name of home:</b>	Presbyterian Aged Care - Paddington
<b>RACS ID:</b>	0536

<b>Total number of allocated places:</b>	104
<b>Number of care recipients during audit:</b>	86
<b>Number of care recipients receiving high care during audit:</b>	80
<b>Special needs catered for:</b>	NA

<b>Street/PO Box:</b>	74 Brown Street
<b>City/Town:</b>	PADDINGTON
<b>State:</b>	NSW
<b>Postcode:</b>	2021
<b>Phone number:</b>	02 9361 1000
<b>Facsimile:</b>	02 9361 1144
<b>E-mail address:</b>	<a href="mailto:agodfrey@pcnsw.org.au">agodfrey@pcnsw.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Facility manager	1
Presbyterian aged care (PAC)- Executive manager	1
PAC - Residential care co- ordinator	1
Deputy facility manager	1
Administration officer	1
Registered nurses	3
Care staff	7
Care recipients/representatives	16
Medical practitioner	1
Hotel services staff (Servery, cleaning, laundry)	5
Recreation activity officer	2
Pastoral carers	2
Maintenance officer	1
Physiotherapist	1

### Sampled documents

Category	Number
Care recipients' files including care plans and clinical and social assessments	16
Wound management charts	4
Clinical observation charts(blood sugar, weights and blood pressure charts)	10
Personnel files	6
Medication charts	26
Accident and incident reports	10
Medication incident reports	4

## Other documents reviewed

The team also reviewed:

- Care documentation (computer and paper based) including admission assessment, data bases and interim care plans, admission checklist, care plans, case conference records, instructions on referrals for complex nursing care, care directives, continence care and bowel charts, observation records, pain charts, skin care charts, clinical observation and wound care charts, behaviour charts, nutrition and monthly weight charts
- Care recipients' bed list
- Cleaning schedules and work instructions
- Clinical documentation including pathology recording form, clinical reviews, allied health and medical specialist reports
- Clinical indicators, audit schedule and results
- Communication systems – notices, memorandums, diaries and communication books
- Dietary information including dietician reports
- Education documentation: education calendars, education training attendance records, skills assessments and employee orientation programs
- Fire safety and emergencies documentation: inspection records, annual fire safety statement, emergency evacuation plan, evacuation details of care recipients, emergency evacuation signage, emergency procedure manual and emergency procedure flip-charts
- Food safety program, food safety monitoring records, dietary requirements and food preference information and menu
- Glucose monitoring charts
- Human resource management documentation: employment documentation, position descriptions, duty statements, staff handbook, skills assessments, staff roster and orientation information, human resource information and resource manual
- Incident reports, summary reports and action plans
- Infection control documentation including care recipient and staff vaccination records, pest control reports, legionella species reports
- Information processes: meeting minutes and meeting schedules, memo folder, communication books, staff and care recipient handbooks, care recipients' information package
- Lifestyle program; special events calendar; social, cultural and religious assessments, activity plans; activity evaluations; activity participation records
- Maintenance documentation: preventative maintenance schedule, supplier list, maintenance requests and service records



- Medication management documentation including medication profiles, as required medications (PRN), nurse initiated medications, medication refrigerator monitoring, pharmacy communications, incident reports, medication advisory meeting minutes
- Newsletters
- Policies and procedures
- Quality management system: continuous improvement plan, audit schedule and audit results, organisational chart, policies and procedures, continuous improvement documentation
- Regulatory compliance documentation: compulsory reporting incident documentation, staff and volunteer police check renewal register, NSW Food Authority Licence, professional registration records and consent for the collection and handling of private information
- Self-assessment report for re-accreditation
- Temperature monitoring records
- Work health and safety system documentation: incident reports, hazard alert system, electrical equipment testing documentation, chemical register and safety data sheets.

## Observations

The team observed the following:

- Activities in progress; lifestyle program resources; activity boards and information sheets and notices
- Care recipients utilising pressure relieving mattresses, bed rail protectors, hip and limb protection equipment
- Charter of care recipients' rights and responsibilities on display
- Complaints information including internal and external mechanisms on display
- Daily menu on display
- Dining environments during lunch and beverage services with staff assistance
- Equipment and supply storage cupboard including chemical, clinical, linen stock in sufficient quantities and equipment available and in use for manual handling such as hand rails, lifters and mobile walkers
- Feedback forms and suggestion box
- Fire panel, fire-fighting equipment, emergency exits, emergency evacuation maps, emergency evacuation trolley, annual fire safety certificate and emergency procedures flipcharts
- Interactions between staff and care recipients and representatives
- Living environment – internal and external

- Material safety data sheets, spill kits, sharps containers, waste disposal systems
- Noticeboards and posters, notices, brochures and forms displayed for care recipients, representatives and staff
- Nurse call system and response by staff
- Quality Agency re-accreditation audit notices on display throughout the home
- Care recipient, visitor and contractor sign in/out books
- Secure storage and archiving of confidential care recipients and staff information
- Secure storage of medications, locked medication trolleys, medication refrigerators and medication rounds, emergency medications
- Small group observation in lounge / dining area

## 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 pursues continuous improvement across all four Accreditation Standards through feedback forms, meetings and audits. Opportunities for improvement that are identified are recorded on a plan for continuous improvement. Strategies are developed, monitored and evaluated to ensure satisfactory outcomes are achieved. Care recipients/representatives and staff are encouraged to contribute to this process. Interviews with care recipients/representatives and staff confirm feedback has resulted in improvements for care recipients.

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

- Management introduced a new electronic clinical care system, to replace the previous paper based care and assessment clinical documentation system. Various information sessions with management and staff were organised, and staff were provided with additional training to improve their computer skills. The new system has introduced better uniformity and inter-connectivity of care documentation, tools, documents, and forms, enabling management and care staff to generate meaningful reports to assist staff to meet care recipient's needs.
- Several computer tablets were purchased, enabling care staff to record clinical monitoring at the point of care. These computer tablets were provided to staff pre-loaded with various clinical monitoring programs, which integrate directly with the new clinical care system. Staff and management feedback has been positive.

#### 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 with corporate support to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines applicable to aged

care. Management is informed of changes and updates to policy, procedures and documentation through the organisation's head office that have access to a variety of authoritative sources including a peak body. Updates are communicated by e-mail and discussed at management forums. Management has responsibility to notify staff at the home of changes to regulations through meetings, memoranda, and education sessions.

Updated policies, procedures and manuals are readily available for staff.

Examples of regulatory compliance with Accreditation Standard One include:

- The provision of information to care recipients and stakeholders about internal and external complaint mechanisms.
- Notification of the re-accreditation audit to care recipients and their representatives occurred via notices in the home and letters.

### **1.3 Education and staff development:**

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

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

The home meets this expected outcome

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Training needs are determined by audit and clinical indicator results, regulatory requirements, organisational directives and the care needs of care recipients. Education is delivered in orientation sessions, and through in-service training. The knowledge and skills of staff are evaluated on an ongoing basis through assessments and observations by senior staff. All staff interviewed reported they have access to education on a regular basis.

Examples of education provided relating to Accreditation Standard One include: aged care funding instrument, complaints management, electronic care documentation system, teamwork: helping each other.

### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

The home has internal and external mechanisms for feedback and complaints available to all care recipients/representatives. On entry all new care recipients are made aware of feedback mechanisms and advocacy services outlined in the resident handbook, the resident agreement and notice boards. Feedback forms and brochures for accessing external complaints are readily available and there is a secure suggestion box. Management have an 'open door' policy and are available to assist with enquiries. Complaints reviewed indicate issues are acknowledged, investigated and feedback is given to complainants. Care recipients and representatives said management was responsive to issues raised and that actions are implemented in an effective and timely manner.

## 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 values and mission are well documented and on display. They are also recorded in a variety of documents such as policies, handbooks and information packages and outline the organisation's commitment to providing quality services. The values of the organisation are included in the staff orientation program to ensure staff are fully aware of their responsibility to uphold the rights of care recipients and the organisation's objectives and commitment to quality.

## 1.6 Human resource management

*This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".*

### **Team's findings**

The home meets this expected outcome

There is a system in place to ensure there is sufficient staff with appropriate skills and qualifications to meet care recipients care and lifestyle needs. New staff are screened through the recruitment process to ensure they have the required skills, experience, knowledge and qualifications for their roles. The orientation and education programs provide staff with further opportunities to enhance their knowledge and skills. Staffing requirements are discussed fortnightly to ensure appropriate staffing mix and levels. The home's casual and agency staff members are used to fill any vacant shifts and a registered nurse is on-site 24 hours, seven days per week. Staff interviewed said they have sufficient time to complete their designated tasks and meet care recipient's needs. Care recipients and representatives expressed 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 stocks of goods and equipment that support quality service delivery. Designated staff are responsible for maintaining adequate stock levels and ensuring such stock meets required quality standards. Appropriate storage is provided to guarantee the integrity of stock and stock is rotated as required. External contractors are used for specialised equipment service and repair. There are reporting systems for maintenance requests and hazards and regular inspections and environmental audits are undertaken. Care recipients, representatives and staff stated there are sufficient supplies of goods and equipment including food, continence and medical supplies, linen and cleaning chemicals - available for use in the home.

## 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

Systems to provide access to current information for stakeholders are available. Feedback, audits and survey results provide information to management about the home's performance. Staff are informed by the handbook, position descriptions and duty lists, handover, care documentation, communication books, memoranda, noticeboards and meetings. A password protected computer system facilitates electronic administration, care documentation and access to the organisation's policies, procedures and quality system. A resident agreement, information pack and handbook inform care recipients and representatives. Updated information is also provided through meetings, noticeboards and verbal communication. Care recipients/representatives reported they are kept well informed and consulted about matters that impact on them.

## 1.9 External services

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure that externally resourced services meet organisational and site-specific quality requirements. Service agreements are entered into with contractors for the provision of services and all external service providers are required to have current licences, insurance and comply with relevant legislation and regulatory requirements.

Approved contractors and suppliers are coordinated through head office. Service contractors provide fire safety, pest control, allied health and trade services at the home. Service provision is monitored on an ongoing basis through inspections, audits and feedback and suppliers/service providers are changed if they do not meet quality requirements. Care recipients, representatives and staff reported satisfaction with the external services currently provided at the home.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

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

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

- An audit identified staff required additional direction as to processes to follow regarding care recipients who are insulin dependent. In order to address this, each medical practitioner was contacted to complete a personalised diabetes directive for each insulin dependent care recipient. The directives inform staff of each care recipient's acceptable blood glucose range and in what circumstances to contact the medical practitioner. The directives ensure appropriate diabetes management.
- Several care recipients expressed an interest in completing additional strength exercises. In response to this request, management arranged for the physiotherapist to attend the home for an additional four hours each Saturday. During these visits the physiotherapist conducts small group strength exercise classes in the new designated physiotherapy gym room. The classes are well attended and assist care recipients to improve their strength and mobility.

### 2.2 Regulatory compliance

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

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

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's systems.

Examples of regulatory compliance with Accreditation Standard Two include:

- The home has a system to monitor and record registered nurses' registration.
- Medications are stored and managed in line with NSW state legislation requirements.

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for an overview of the home’s processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles.

Examples of education provided relating to Accreditation Standard Two include: caring for a person with a stroke, diabetics management, pain management, palliative and end of life care, dementia care, continence management, wound management.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure care recipients receive appropriate clinical care and clinical information is kept in a computerised care documentation system. A comprehensive range of clinical and lifestyle assessments are undertaken on entry to the home. Care plans are formulated based on the assessment information compiled by registered nurses, physiotherapist, activity and care staff in consultation with care recipients/representatives. A case conference is held with the care recipient/representative to confirm preferences for care and agreed strategies. The care plans are reviewed and evaluated every three months and as needed. We observed staff providing care consistent with the care recipients’ care plans. Care recipients’ files show doctors and other relevant health care specialists regularly visit and review the care recipients’ condition. Clinical care is monitored through daily observations, handover and analysis of clinical data and is overseen by the manager, deputy manager and registered nurses. Care recipients/representatives interviewed confirm they are fully informed about the clinical care required and are very satisfied with the care provided.

## 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 systems to identify and meet care recipients’ specialised nursing care needs. This includes initial and ongoing assessments and appropriate care delivery that is regularly reviewed and evaluated in consultation with care recipients and medical/allied health professionals, as appropriate. The senior staff oversee specialised care needs which are attended by registered nurses and are knowledgeable of the care required for the range of complex nursing care provided at the home. There is access to medical and allied health and nursing specialists, as required. Staff are provided with education, support and skills competency assessments to ensure they appropriately manage care recipients’ complex and



specialised care needs. Care recipients and representatives expressed satisfaction with the management of specialised 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 resident’s needs and preferences”.*

### **Team’s findings**

The home meets this expected outcome

The care recipients are able to access appropriate health specialists through referrals from their medical practitioner or registered nurses. A number of health care specialists visit the home on a regular basis and as required, including podiatrist, speech therapist, dietician and dementia care specialists. Other specialist health services can be accessed in the community and through hospitals, if indicated. The home employs a physiotherapist who attends the home for 16 hours weekly, spread across five days. Records of visits to specialists are kept in care recipient files. Staff advised and care recipients/representatives confirm the home assists in the arrangement of appointments to health specialists and transportation to appointments as necessary.

## **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 clear policies and procedures for the safe and correct management of medication. The medication needs of a care recipient are assessed when they come to the home in consultation with care recipients/representatives and their medical practitioner.

Medications are delivered by registered nurses and specially trained care staff using an electronic medication management system and medications packaged by the supplying pharmacy. We observed medications administered correctly and stored securely. All staff administering medication are appropriately trained and have their competencies assessed and we observed them using safe and correct procedures. Medical practitioners review care recipients medication needs every three months, or as needed and an external provider conducts a review of all care recipients’ medication bi-annually, or by request of the medical practitioner. Medication incidents are reported, documented and appropriately addressed.

There is a medication advisory committee with attendees including medical officers and pharmacist. This committee reviews medication management, including policies and legislation. Care recipients/representatives interviewed report care recipients are assisted with their medication requirements and express satisfaction with the administration of medications.

## 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

Care recipients are assessed for any pain management needs when they come to the home and on an on-going basis. Individual pain management strategies are prepared by the registered nurses, in consultation with care recipients/representatives and their medical practitioners for all care recipients identified as experiencing pain. Staff administer medication for pain relief as prescribed and also provide alternatives to medication interventions, such as heat packs, therapeutic massage and exercise programs. The home also has access to clinical nurse specialists from the palliative care service and pain clinics at local hospitals to assist in managing care recipients’ pain if required. Feedback is sought from care recipients/representatives as to the effectiveness of pain management strategies and specialised assessment tools are used to assess care recipients with communication and/or cognitive deficits. Care recipients/representatives interviewed confirm care recipients are maintained as free from pain as possible and that pain relief can be accessed as required.

## 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

When it is identified that care recipients require palliative care the home reviews the care needs and strategies are put in place to support the care recipient in a way that respects their wishes. The home has single rooms on two of the three levels of the home which ensures privacy and dignity for the care recipient and their family when palliative care is needed. If required, the palliative care team from the local area health service can be consulted and will visit the home. Consultation with the care recipient and their family identify any specific end of life wishes which are respected when managing care. Advanced care directives are encouraged to be completed on admission to ensure that the care recipient’s wishes are known and respected. Palliative care, including pain management is provided by staff and arrangements are made for transfer to a hospital if the care recipient/representative wishes. The local ministers of religion visit the home and are contacted on request of care recipients and/or their families to provide pastoral care. Care recipients/representatives interviewed confirm they are satisfied their wishes will be respected and care recipients’ comfort and dignity will be maintained at the end of life.

## 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 a system to assess, monitor and evaluate the needs of care recipients to ensure they receive adequate nourishment and hydration. Care recipients are assessed on

entering the home for dietary needs and preferences and these are documented in a care plan that is reviewed at least every three months. The kitchen staff are very responsive and keep an updated record of these needs and preferences. Care recipients are offered a varied and well balanced diet with special diets and dietary supplements available, as needed. Care recipients are weighed each month, or more often if indicated and the home has access to a dietician and a speech therapist. Staff assist care recipients with their meals, as required and provide them with fluids at meals and regularly throughout the day. Care recipients/representatives interviewed confirm they are served food that meets their preferences and dietary requirements.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ skin integrity is assessed on entry to the home with skin care needs identified and incorporated into care plans that are evaluated on a regular basis. Staff monitor care recipients’ skin integrity daily, provide moisturiser for them after showering and encourage them to keep up their fluid intake. All skin tears are reported on incident forms and reviewed by the registered nurses. All dressings and wound management is carried out by the registered nurses and the home has access to clinical nurse specialists to assist with complex wound care, if required and to provide specialist education. A podiatrist visits the home regularly to provide foot care, as needed. Care recipients/representatives interviewed confirm they are satisfied with the care provided.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

All care recipients have continence assessment on entry to the home and care plans are developed and regularly reviewed and evaluated. Care recipients have ready access to communal toilets throughout the home and access to a call bell system when physical assistance is required. Toileting programs are established for care recipients who require regular assistance and supervision. Staff monitor and document the continence of care recipients in daily charts and progress notes. Prescribed aperients and dietary interventions are also used to support continence management, if required. There are adequate supplies of disposable continence aids of varying sizes available and staff are trained in the use of these products. Care recipients/representatives interviewed confirm they are satisfied with the care provided and that continence is managed effectively.

## 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 demonstrated the needs of care recipients with challenging behaviours are managed effectively. Behavioural assessments are carried out on entry to the home and any known triggers and strategies to deal with challenging behaviours are set out in care plans which are reviewed regularly. All behavioural incidents are recorded on incident reports and reviewed by the registered nurse and Manager. Psychogeriatric and dementia specialists from the local hospital conduct a clinic at the home every two weeks to assist the home in medical review, management plans and training of staff. Staff are provided with education in behavioural management and were observed interacting appropriately with care recipients with behavioural problems. Care recipients/representatives confirm they are satisfied with the care and the way any challenging behaviours are managed.

## 2.14 Mobility, dexterity and rehabilitation

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

### **Team’s findings**

The home meets this expected outcome

The mobility and dexterity of care recipients is assessed on entry to the home and on an ongoing basis by the physiotherapist and registered nurses who provide a physio care plan, pain management plan, falls risk assessment and manual handling directions, if needed, as well as supervising individual and group exercise programs for care recipients. The recreation officers provide a daily general movement exercise class daily. The manual handling needs of care recipients are also assessed to identify the need for equipment and assistance by staff and mobility aids and independent living aids are available to all care recipients. A physiotherapy aide is rostered seven days a week to assist care recipients with their individual exercise and walking programs. There is a nurse call system to alert the staff if care recipients need assistance. The effectiveness of strategies to achieve optimum mobility and dexterity is monitored by review of clinical data and regular case reviews by the care team. Care recipients/representatives interviewed say they are satisfied with the assistance provided to care recipients to achieve optimum levels of 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 demonstrated that care recipients’ oral and dental health is maintained. Care recipients’ oral and dental care needs and preferences are identified on entry to the home, documented on care plans and monitored in an ongoing manner. Staff assist care recipients with oral hygiene daily and any needs or problems are noted and referred for specialist service. Care recipients with their own teeth are encouraged and supported to maintain their

independence in terms of oral and dental hygiene. The home arranges referrals for oral and dental care at the hospital or care recipients' preferred dental practitioner. Care recipients/representatives interviewed said they are assisted with oral hygiene when necessary and are satisfied with the care provided.

## **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

Assessments of care recipients' sensory loss are undertaken on entry to the home and are documented in care recipients' care plans. Staff assist care recipients with fitting and cleaning glasses and hearing aids as part of their daily hygiene routine and we observed staff interacting sensitively with care recipients with sensory loss. An optometrist visits the home periodically and an audiologist can be accessed as needed. Staff were observed to assist those with sensory loss with things such as large print books, enlarged activity programs calendars and games and quizzes in enlarged formats. The activity staff conduct sensory stimulating activities as part of the activities program. The activity program also includes a range of items and approaches to promote reminiscence, stimulation of senses and colour. Care recipients/representatives interviewed indicate they are satisfied with the management of sensory loss.

## **2.17 Sleep**

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

### **Team's findings**

The home meets this expected outcome

Care recipients' sleep needs and preferences are assessed and monitored on entry to the home and strategies to ensure care recipients are able to achieve natural sleep patterns are known to staff. Staff endeavour to provide an environment where there is minimum disruption to care recipients' sleep. Strategies to assist care recipients achieve a natural sleep pattern include, pain and continence management, warm drinks and medication where prescribed.

There is a nurse call system to alert staff to any night time difficulty that care recipients may encounter. Care recipients/representatives interviewed confirm that the environment is quiet at night. Care recipients are satisfied with the strategies to assist them if they have difficulty sleeping.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

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

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

- In response to care recipient requests, the home has arranged for several volunteers to visit the home with their pet therapy dogs. The dogs visit the communal areas of the home and visit individual care recipients upon request and with guidance from the recreational activities officers. Management commented care recipients enjoy having the dogs visit.
- After care recipients expressed their enjoyment of the weekly Thursday concerts, the recreational activities officers decided to supplement these concerts with an additional monthly weekend concert. The entertainers are planned in advance and care recipients are notified of the performer on the monthly activities calendar. Musicians, dancers, and singers have attended so far. Care recipient appreciate the additional concerts.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Three include:

- The charter of care recipients’ rights and responsibilities is displayed in the home.
- There is a policy, procedure and staff training for the reporting of alleged or suspected care recipient assault.

### 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 an overview of the home's processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles.

Examples of education provided relating to Accreditation Standard Three include: Privacy and dignity, certificate four in lifestyle and leisure, elder abuse.

### 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

Care recipients and representatives interviewed expressed satisfaction with the assistance provided by staff to meet their initial and ongoing emotional needs. The home has systems to assess emotional needs of the care recipients through consultation with the care recipient and their representatives. Family and friends are encouraged to visit and are included in activities. Information is collected on entry and specific information is documented which reflects care recipient wishes, interests and emotional needs. Information in relation to feedback from care recipients and representatives is gained through individual discussions, family conferences, clinical assessments and care recipient focus meetings. Birthdays and special occasions are celebrated. Care recipients state they are happy living at the home and the staff are kind and caring. Observations of staff interactions with care recipients during the re-accreditation audit showed a respectful and sensitive approach. Care and activity staff were observed to provide comforting support and to encourage care recipients to participate as fully as possible, or to the care recipients preferred level. Representatives stated they felt well supported and informed by staff.

### 3.5 Independence

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

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

The home meets this expected outcome

The home provides a welcome environment for visiting care recipient representatives and community groups with care recipients being encouraged to participate in life outside the home whenever possible. A range of individual and general strategies are implemented to promote physical and social independence, including the provision of services and equipment for care recipient use and a leisure activity program. Care recipients' right to refuse an activity or care treatment are known and respected. Care recipients' preferences in relation to a range of

activities of daily living and lifestyle are sought and acted upon and programs are displayed in communal areas to facilitate independence. Care recipients say they are encouraged and assisted to maintain their independence.

### **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

Management and staff of the home protect the privacy and dignity of care recipients and ensure the confidentiality of care recipients' personal information. Staff handovers and confidential care recipient information is discussed in private and care recipients' files and computer records are stored securely. Staff demonstrate an awareness of practices which promote the privacy and dignity of care recipients, especially for those who are cared for in shared bedrooms and bathrooms. These include closing care recipient doors and privacy curtains when providing personal care. Care recipients who are reliant on staff for their dressing and grooming requirements are well presented and dressed appropriately for the weather. Care recipients say staff are polite, respect their privacy, knock on doors prior to entering and close doors during care provision.

### **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 provides a varied lifestyle program which is developed and changed in consultation with care recipients. The individual interests and preferred activities of care recipients are identified on admission. Information obtained from care recipient meetings and one-on-one discussions is also used to plan suitable group and individual activities.

Recreational activities officers provide activity programs five days a week with occasional activity staff rostered for special events at weekends. Activity programs are displayed and include physical exercise, mental stimulation, general social interaction, cultural and religious celebrations and other special events. A different cultural day is celebrated every month which reflects the nationalities of the current care recipients. Care recipients are informed of recreational activities available through the activity calendars in addition to verbal prompts about the activities of the day. The home has a bus for regular outings and shopping trips.

Care recipients told us there are a variety of activities and entertainments provided which they enjoyed very much and whilst they are encouraged to participate their decision not to do so is respected.



### 3.8 Cultural and spiritual life

*This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".*

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

The home meets this expected outcome

All care recipients and their representatives interviewed stated they were satisfied that care recipients' cultural and spiritual backgrounds are valued and respected. The home's system identifies care recipients' social, cultural and spiritual needs on entry to the home in consultation with them and their representatives. Specific cultural days are commemorated such as Christmas, Mother's Day, Australia Day and Easter and involvement from families and friends is encouraged. Church services are held onsite. The home has access to ministers and visitors from different denominations visit. Care recipients say they are happy with the cultural and spiritual support provided.

### 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 encourages care recipients to exercise choice and control over their lifestyle through participation in decisions about the services each care recipient receives. Care recipients are able to describe many examples of where they are encouraged by staff to make their own decisions. This includes choice of participation in activities, choice of personal items in rooms, input into care delivery and a choice from a selection of meals. All care recipients or representatives are provided with a handbook that details the services available and are able to decorate their rooms with personal belongings. The care recipient meetings provide a forum to discuss the running of the home, including catering, activities and any issues arising. Staff were observed providing care recipients with choice in a range of activities of daily living. Care recipients say they are happy with the choices available to them and that their decisions are respected.

### 3.10 Care recipient security of tenure and responsibilities

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

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

The home meets this expected outcome

Care recipients have secure tenure within the home. The resident agreement outlines the care and services provided at the home and fees and charges. A copy of the resident information handbook is provided to all care recipients and contains the Charter of care recipient rights and responsibilities, information about the care and services available to residents in the home and information on security of tenure. Care recipient/representative interviews indicated a general understanding of the information provided

## Standard 4 – Physical environment and safe systems

**Principle:** Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

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

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

- A private room has been designated as a palliative care room and furnished suitably for the purpose. The room provides a private space for palliating care recipients previously residing in shared bedrooms. A reclining lounge chair and television allow the care recipients family to be comfortable and stay the night if they wish to do so. Management have received very positive feedback since converting the room.
- After receiving care recipient requests for additional room cleaning, the cleaning rosters and duty lists were reviewed. Management hired an additional cleaner to focus on communal areas for 20 hours a week allowing other cleaning staff to focus on care recipients bedrooms. Each care recipient’s bedroom is now cleaned on a daily basis with a deep clean being completed weekly. Care recipient, representatives and staff have commented on the improved cleanliness of the home.

### 4.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Four include:

- The home has a current certificate from the New South Wales Food Authority.
- The home has a current fire safety certificate, meeting legislated requirements.

### 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 an overview of the home's processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles.

Examples of education provided relating to Accreditation Standard Four include: Fire safety, manual handling, work health and safety, infection control, food safety, hazardous chemicals.

### 4.4 Living environment

*This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients' care needs".*

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

The home meets this expected outcome

The home provides accommodation for the care recipients in a mix of shared and single rooms, some with ensuites. Appropriate and sufficient furniture is provided for residents and internal lighting, temperature, ventilation and noise levels are maintained at comfortable levels. Care recipients also have access to safe outdoor areas. There is an onsite maintenance officer who assists with maintaining the building to ensure a comfortable safe environment for care recipients. The safety and comfort of the environment is monitored through audits, hazard reporting mechanisms and direct feedback from staff, care recipients and representatives. Care recipients/representatives are satisfied with the living environment and the maintenance of the home.

### 4.5 Occupational health and safety

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

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

The home meets this expected outcome

The home has systems and processes to provide a safe working environment meeting regulatory requirements. The home has work health and safety meetings. Committee members include representatives from each work area in the home. Processes include hazard and incident registers, workplace inspections, and risk assessments. There is a return to work program and staff are trained in work health and safety. Staff have access to work health and safety information and are able to report on hazards in the workplace and staff incidents. Management and staff interviewed said they regularly informed and receive training and ongoing support on working safely in the workplace.

#### **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 firefighting equipment and internal fire alarm system. Observation confirms firefighting equipment is inspected on a regular basis. Staff advised fire safety and evacuation procedures are 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. Key information on a range of other emergency situations is located in a flip chart format near the telephones to provide staff members with a quick reference guide.

#### **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. The program includes processes to prevent, minimise, monitor and manage staff and care recipients' infections. Infection data is collated and evaluated monthly and the results are reviewed by management and discussed at staff meetings. Staff members receive education on commencement of employment and on an ongoing basis about infection control. We observed practices that reduce the risk of cross infection, including the use of personal protective equipment, hand washing and the use of colour coded equipment in all areas. We also observed adherence to food safety guidelines and cleaning, and an influenza vaccination programme is offered for staff and care recipients. Staff interviewed demonstrated an understanding of the home's infection control procedures.

#### **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

Catering services are provided to meet care recipients dietary needs. Food is prepared and supplied by an external organisation according to specified contract arrangements. The cook chill meals are re-generated in the home's kitchen with alternative choices to the main meal offered. There is a food safety program and the home has a current NSW Food Authority licence. Cleaning schedules are used to ensure that care recipients rooms, common areas and service areas are cleaned on a regular basis. Laundry services for flat linen and heavily soiled items are provided by the organisation's offsite commercial laundry. The home provides a laundry for care recipients who wish to do their own laundry. The home monitors the effectiveness of hospitality services through care recipients/representative feedback and

regular control audits. Care recipients are satisfied with the catering, cleaning and laundry services provided by the home.