



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Opal Stanmore RACS ID: 2524

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 29 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 21 October 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 22 November 2015 to 22 July 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 29 March 2018

Accreditation expiry date 22 July 2019



Australian Government

Australian Aged Care Quality Agency

Opal Stanmore

RACS ID 2524

66 Cambridge Street

STANMORE NSW 2048

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 22 November 2018.

We made our decision on 21 October 2015.

The audit was conducted on 15 September 2015 to 16 September 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 Stanmore 2524

Approved provider: DPG Services Pty Ltd

Introduction

This is the report of a re-accreditation audit from 15 September 2015 to 16 September 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 15 September 2015 to 16 September 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:	Rosemary Chaplin
Team member/s:	Trudy Van Dam

Approved provider details

Approved provider:	DPG Services Pty Ltd
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Details of home

Name of home:	Opal Stanmore
RACS ID:	2524

Total number of allocated places:	69
Number of care recipients during audit:	66
Number of care recipients receiving high care during audit:	66
Special needs catered for:	NA

Street/PO Box:	66 Cambridge Street	State:	NSW
City/Town:	STANMORE	Postcode:	2048
Phone number:	02 9519 3926	Facsimile:	02 9550 2797
E-mail address:	NA		

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	19
Clinical manager	1	Recreational activity officers	2
Regional manager	1	Laundry staff	1
Quality advisor	1	Chef	1
Registered nurses	4	Catering staff	1
Care staff	8	Cleaning staff	1
Administration officer	1	Maintenance staff	1
Physiotherapist	1		

Sampled documents

	Number		Number
Care recipients' files including assessments, care plans, progress notes, medical, specialist and allied health documentation	8	Medication charts	13
Wound assessments and management plans	5	Personnel files	7
Care recipient agreements	6		

Other documents reviewed

The team also reviewed:

- Catering: temperature monitoring records, cleaning records, menu, dietary needs and food preferences, daily menu choices forms, food safety manual, audits, catering education records
- Cleaning schedules and checklists
- Clinical: medical officers' directions and monitoring charts, forms, assessment and care plan review schedules, handover sheets, case conference records, clinical observation and procedures schedule, medical officers' communication folder, clinical equipment cleaning schedules, continence lists, shower lists
- Complaint and complaint folder
- Consolidated registers of reportable assaults and missing care recipients
- Contractor information: preferred supplier list, approved contractor schedule, agreements
- Education: education needs analysis, education calendar, attendance records, competency assessments, induction records, staff orientation checklists, mandatory education attendance spread sheets
- Emergency management plan

- Human resource management: police check register, professional staff registrations, roster, staff appraisals and appraisal schedule, human resource matrix, position descriptions and duty lists
- Infection control: vaccination registers for care recipients and staff, infection records, infection data analysis, care recipient and staff vaccination registers
- Information system: meeting minutes, staff handbook, care recipient's handbook, newsletter, visitor and service provider orientation guidelines, memorandums
- Laundry cleaning schedule and laundry communication book
- Lifestyle: lifestyle and cultural assessments and care plans, activity schedule, leisure and lifestyle participation records, lifestyle activity evaluations, resident outing log, community visitors' records
- Medication management: ward stock checklist, schedule 8 drug register, pharmacy communication, self-medication assessment, medication refrigerator temperature monitoring records
- Policies and procedures
- Preventative and reactive maintenance documentation
- Quality system: feedback forms, audits, audit schedule, continuous improvement plan
- Risk assessments
- Self-assessment report for re-accreditation
- Various signed care recipients' consent forms

Observations

The team observed the following:

- Activities in progress
- Archive room
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Care recipients returning from bus trip
- Charter of Care Recipients' Rights and Responsibilities displayed
- Cleaning operations
- Clinical guidelines and instruction available to staff
- Complaint information posters and brochures (in various languages), suggestion box, advocacy brochures, feedback forms
- Daily menu displayed
- Equipment and supplies storage areas and equipment in use
- Fire safety equipment, fire board, emergency flip charts, evacuation plans, annual fire statement and emergency evacuation pack
- Infection control resources - outbreak kits, spills kits, contaminated waste bin, personal protective equipment, colour coded equipment, sharps containers, sanitising gel, hand washing facilities
- Interactions between staff, care recipients and visitors
- Laundry
- Leisure activity resources

- Living environment and grounds
- Lunch service
- Meal preparation and storage areas
- Meal service with staff assisting care recipients, daily menu displayed
- Medication round
- Mission and values statement displayed
- Mobility charts in wardrobes
- NSW Food Authority licence
- Resident and staff noticeboards
- Secure and safe storage of medication
- Secure storage of resident information
- Short observation in lounge room
- Staff hand over
- Staff practices and interactions with care recipients, visitors and other staff
- Visiting speech pathologist

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 the four Accreditation Standards through the implementation of a quality framework which is care recipient and achievement focused. Continuous improvement initiatives are identified through staff and care recipient/representative feedback, incidents, accidents, complaints, clinical indicator data and auditing results. Care recipients/representatives provide feedback through meetings and individual feedback. Opportunities for improvement are discussed at staff and quality meetings and the effectiveness of continuous improvement activities are evaluated through care recipient/representative and staff feedback, monitoring and observations. Results show ongoing improvements to the care and services provided for care recipients.

The home has implemented improvements in Accreditation Standard One - Management systems, staffing and organisation development including:

- The organisation identified improvements could be made to the allocation of staff resources through the introduction of more efficient rostering practices across the organisation. A standardised roster system has now been introduced. Staff and external stakeholders such as unions and the Department of Social Services were consulted in development of the system. The standardized roster was implemented in the home in August 2015. Management believe the new system will deliver improved outcomes for care recipients, staff and the organisation. A data collection tool is being developed to monitor the effectiveness of the standardised roster.
- An inventory and equipment audit identified issues related to the cleaning of shower chairs. Staff were educated in procedures to be followed which is ensuring shower chairs are well maintained.
- An audit identified staff confusion related to the difference between general incident reporting and mandatory reporting requirements. Compulsory education sessions on mandatory reporting have been implemented which is ensuring staff are clear about their responsibilities.
- It was identified that a significant amount of time was spent ensuring contractors had been inducted to the site. A contractor card has been introduced to improve this process. The card is valid for one year and verifies the contractor's insurance, police check and induction completed. The contractor produces the card when needed and enables staff to quickly verify that all requirements have been met.

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 in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Key corporate personnel are responsible for the assessment of regulatory issues and the facility manager is responsible for implementing and adhering to regulatory compliance matters in the home. Regulatory issues and updates are communicated to staff through memoranda, meetings and education sessions. Management monitors compliance through audits, observation of staff practices and stakeholders’ feedback. Staff said they receive updates on regulatory issues as appropriate and they have access to information in regards to legislative and regulatory requirements.

Examples of regulatory compliance relevant to Standard One - Management systems, staffing and organisation development include:

- Care recipients and representatives were informed about the dates of this re-accreditation site audit.
- There is a system to ensure all staff and relevant contractors have police checks and these are monitored for renewal.

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 to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The home has an orientation program for all new staff that includes formal components, buddy shifts and an orientation checklist to ensure key areas are covered in the induction process. The education delivered and knowledge and skills of staff are evaluated on an ongoing basis through education session evaluations, competency assessments, management observations, performance appraisals, audit results, comments and complaints and feedback from stakeholders. The in-house education program is supplemented by education provided by contracted suppliers of goods and services and allied health professionals. Staff said the home provides them with many opportunities for professional development. Care recipients/representatives commented staff are experienced and competent when undertaking their duties.

Education topics related to Standard One - Management systems, staffing and organisation development include: electronic clinical documentation system and policies and procedures.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients and their representatives have access to internal and external complaint mechanisms. These are outlined in the care recipient's handbook and all new care recipients and/or representatives are made aware of feedback mechanisms on entry to the home. Feedback forms, posters and brochures for accessing external complaints services are available. Care recipients/relative meetings provide forums for feedback and raising concerns. Staff interviewed demonstrated an awareness of complaints' procedures. Care recipients/representatives interviewed said if they have concerns they raise them with the manager or staff who are responsive to their comments or concerns.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home displays the mission and values prominently in the home and in key documents. The mission and values are actively promoted through orientation, education, handbooks and during meetings. Staff in the home provide care and services consistent with the organisation's mission, values and commitment to quality service provision.

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

Care recipients/representatives were complimentary about the care, lifestyle and hospitality services provided by staff. Care recipients/representatives said there are sufficient staff to provide services to meet care recipients' needs. Staffing levels are determined by the needs of care recipients and are adjusted as needed. Staff said they have sufficient time and support to undertake their duties within their rostered hours. Staff also advised relevant education is provided and professional development opportunities are offered to ensure they have the necessary skills to undertake their duties. Staff expressed a commitment to the care recipients and the home.

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

Management and staff implement effective systems to ensure stocks of appropriate goods and equipment are available as needed for quality service delivery. Service contracts are in place where appropriate. Key staff are allocated to monitor stock levels and prepare orders. Management and staff review the quality of goods and services, and ensure return of unsatisfactory goods. The maintenance system includes regular servicing of equipment and inventory and equipment is monitored through regular audits, observation, meeting discussion and feedback from care recipients/representatives, management and staff. Staff said there are sufficient supplies of goods and equipment to enable them to carry out their roles and meet the needs of 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

Information management and dissemination processes ensure care recipients/representatives, management, staff and other interested people are provided with relevant, appropriate and timely information. There are systems to manage the creation, distribution, storage, archiving and appropriate destruction of information. Electronic information is managed through a central organisation server, is password protected and restricted to authorised personnel. Forms of communication include handovers, meeting minutes, newsletters, communication diaries/books and noticeboards. Confidential information is stored securely and staff sign confidentiality agreements. Care recipients/representatives said they are kept informed about what is happening around the home.

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

Management monitors external goods and service providers to ensure the standard provided meets the needs and service quality goals of the home. Preferred supplier and contactor arrangements, which are regularly reviewed, are in place. A range of contractors, goods providers and external service providers operate within contracts and agreements covering for example care recipient's care related services, equipment maintenance and the fire safety system. Management monitors providers to ensure contracts and required documentation such as police clearances, if appropriate, and insurances are current. Care recipients/representatives and staff say they are satisfied with the goods provided and external services available.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

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

- Through staff discussions about falls prevention it was identified that new chair sensors could assist in preventing falls. A battery operated chair sensor was trialled with one care recipient and it was identified that it resulted in a reduction in falls. More chair sensors are now being purchased to enable other care recipients to benefit from the improved sensors.
- An audit identified that care staff were not familiar with how to identify different grades of skin tears. Education was provided to all care staff in skin tear grades. Staff are now confident to accurately record skin tears.
- An audit identified a number of issues related to medication management. As a result medical officers were consulted about checking digoxin, thyroxin, epilum and dilantin levels for care recipients. It was clarified that this is not required for some care recipients. In addition a new warfarin management chart has been implemented resulting in safer and more effective medication management.
- Management identified the need to upgrade the clinical care information system and have introduced an electronic system. Education was provided to staff in the use of the new system and new computers and wifi installed to support used of the system. The system has been in place since November 2014 and has resulted in more effective management of care information.

2.2 Regulatory compliance

This expected outcome requires that "the organisation's management as 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. For further information relating to the home's regulatory compliance system, please see expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relevant to Accreditation Standard Two - Health and personal care include:

- The home has systems in place to monitor compliance of medication management and the provision of specialised nursing care.
- Professional staff registrations and authorities to practice are recorded and monitored.
- A system is in place to manage unexplained absences of care recipients in accordance with regulatory 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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles.

Education topics related to Accreditation Standard Two delivered in the last 12 months include personal hygiene, rashes, skin care, diabetes, falls management, oral health, constipation, palliative care, wound care, malnutrition, dementia, texture modified foods, medication 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 systems to ensure care recipients receive appropriate clinical care. A comprehensive program of assessment is undertaken when a care recipient moves into the home and a care plan is developed using a computerised care management program. Care recipients and/or their representatives are consulted in the assessment and care planning process including through case conferences. Documentation review confirms allied health professionals and medical officers are involved in the planning and delivery of care recipients’ clinical care. Registered nurses develop and review care plans on a regular basis and when care recipients’ identified needs and preferences change. Medical officers review care recipients regularly and as requested. Care recipients are referred to specialist medical and allied health services as required. A range of care based audits, clinical indicators and surveys are used to monitor the quality of care. Care staff are provided with current care recipient clinical care information through handovers, communication diaries, care plans and progress notes. Staff report they have appropriate equipment, resources, education and supervision to ensure care recipients receive appropriate clinical care. Staff interviews demonstrate they are knowledgeable about the care requirements and preferences of individual care recipients. Care recipients/representatives are satisfied with the clinical care the care recipients receive.

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 ensure care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Specialised nursing care needs are assessed and documented on care plans when care recipients move into the home. Changes are documented in the progress notes, clinical charts, specialist forms and charts and in the care plans. Care plans are regularly reviewed and evaluated in consultation with care recipients and/or their representatives. Registered nurses attend care recipients’ specialised care and equipment is supplied as necessary to meet identified needs. External nursing specialist services are accessed as required including wound care and palliative nurse specialists. Staff informed us they have appropriate training, resources, equipment and support to provide specialised nursing care for care recipients. Care recipients are satisfied with the specialised nursing care provided.

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 systems to assist staff to identify, assess and refer care recipients to appropriate health specialists in accordance with the care recipient’s needs and preferences. Review of documentation including care recipients’ files demonstrates that care recipients are referred to medical specialists and other allied health professionals such as dietician, speech pathologist, podiatrist, behaviour management specialists, physiotherapist and audiology and optometry services as required. External providers of specialist services visit care recipients in the home or care recipients are assisted to attend appointments outside the home. Care recipients/representatives informed us they are satisfied with the referral process and are consulted when referral to health specialists is required.

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 systems to ensure care recipients medication is managed safely and correctly. Medication needs and preferences are assessed on entry to the home and as care recipients’ needs and preferences change. Registered nurses administer medication which is prescribed by medical officers and dispensed by a pharmacist using a blister package system. Care recipients’ medications are regularly reviewed by a medical officer and the pharmacist. The home has a medication advisory committee which meets to communicate such issues as legislative requirements and current best practice. Review of medication charts confirms care recipients’ identifying information is documented clearly including photographs, name, date of birth and allergies. Observation and staff interview demonstrates medication is stored safely in locked areas and dispensed in accordance with the home’s policy. Review of documentation confirmed that medication incidents are recorded and

addressed appropriately. Care recipients who wish to manage their own medications are assessed as safe to do so. Care recipients informed us they are happy with their medication management.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure all care recipients are as free as possible from pain. A range of pain assessment including assessments used for care recipients living with dementia is undertaken by nursing staff to identify care recipients’ pain. Care plans are developed for each care recipient including individualised interventions. Interventions used to assist care recipients to manage their pain include application of heat packs, gentle exercise, aromatherapy, massage, medication and music therapy. Pain management measures are evaluated for effectiveness and care recipients are referred to their medical officers or pain management specialists if required. Care recipients/representatives informed us they are happy with the way care recipients’ pain is managed.

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

Care recipients who are terminally ill are regularly assessed in consultation with their representatives and medical officer to ensure their comfort and dignity is maintained. Care recipients are offered an opportunity to provide information regarding end of life wishes and advanced care directives. Interviews demonstrate that staff are aware of maintaining the respect and dignity of care recipients who are terminally ill, and of supporting their families. Music and aromatherapy are utilised in conjunction with medical and nursing interventions to maintain comfort. Care recipients’ emotional and spiritual needs and preferences are included in the care planning for terminally ill care recipients. Staff informed us the home accesses palliative care consultants when required. We observed supplies of equipment used for palliative care including specialised pressure relieving equipment, electric beds and mechanical lifters.

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 systems to ensure care recipients receive adequate nourishment and hydration including initial and ongoing assessments of care recipients’ needs and preferences. Care plans are developed and reviewed regularly and as required. The registered nurse identifies care recipients at risk of weight loss and malnutrition by monitoring monthly weight records. A dietician and speech pathologist are available when required. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Staff are aware of special diets, care recipients’ preferences and special

requirements such as any modified textured meals via a dietary needs folder, beverage and diet lists and the care recipients care plan. Care recipients have input into menu planning through care recipient meetings, comments and complaints mechanisms and informal discussions with staff. Observation confirms the menu is displayed for care recipients in the dining areas of the home. Care recipients informed us they are satisfied with the catering services provided.

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 systems to ensure that each care recipient’s skin integrity is consistent with their general health. Care recipients’ skin integrity is assessed when they move into the home through the initial assessment process. Ongoing assessment occurs regularly and as care recipients’ needs and preferences change. Care staff confirm they monitor care recipients’ skin integrity as part of daily care and report any changes to the registered nurse for review and referral as appropriate. Wounds are assessed regularly using wound assessment and management plans. Skin tears and infections are recorded and data is analysed by management. A podiatrist attends the home on a regular basis. A range of skin protective devices are available, if needed, including pressure relieving mattresses, hip protectors, skin emollients and protective bandaging. These are available to all care recipients and are consistent with individual care plans and identified care recipient needs. Care recipients/representatives are satisfied with the way staff provide skin care and the range of equipment available to them.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ continence is managed effectively. Clinical documentation review and interviews with staff confirms continence management strategies are developed for care recipients following initial and ongoing assessment. Staff said they assist care recipients with their toileting regime, monitor skin integrity and receive training and supervision in the management of continence and the use of continence aids. The home has sufficient stock of continence aids in appropriate sizes to meet care recipient needs. Care recipients/representatives are satisfied with continence management strategies. Staff were observed being considerate of care recipients’ privacy and dignity at all times.

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 systems to effectively manage care recipients with challenging behaviours. In consultation with care recipients and their representatives assessment and monitoring is undertaken on entry to the home and on an ongoing basis as care recipients’ needs and

preferences change. Challenging behaviours, triggers that lead to challenging behaviours and successful interventions are identified and documented on care recipients' care plans. Care plans are regularly reviewed and evaluated for effectiveness. Care recipients are referred to their medical officer and behaviour management specialists for clinical review and assessment when necessary. Staff receive ongoing training and we observed their interactions with care recipients who exhibit challenging behaviours to be consistent with interventions documented in the care recipients' care plans. The home employs a minimal restraint policy. Care recipients/representatives are satisfied with the management of care recipients with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home has systems to ensure that optimum levels of mobility and dexterity are achieved for all care recipients. Care recipients' mobility and dexterity needs and preferences are assessed on entry to the home and on a regular basis or as needs change. The physiotherapist develops individual exercise and mobility programs for care recipients with identified needs. Documentation review and interviews with staff confirms all care recipients are assessed on moving into the home for mobility, dexterity and transfers, falls' risk and pain management. The physiotherapy and exercise programs are implemented by the physiotherapist, physiotherapy assistant and activity staff. Programs are regularly reviewed and evaluated by the physiotherapist and registered nurses. The physiotherapy assistant assists with walking programs one day a week. Staff are trained in falls prevention, manual handling and the use of specialist mobility and transfer equipment. Assistive devices such as mobile frames, mechanical lifters and wheelchairs are available if required. All falls' incidents are documented and the data is analysed. Care recipients/representatives informed us they are happy with the way the care recipients' mobility and dexterity needs are managed.

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 systems to ensure care recipients' oral and dental health is maintained. Documentation review shows that care recipients' oral and dental health is assessed when they move to the home and individual care plans are regularly reviewed and evaluated to meet changing needs. Diet and fluids are provided in line with the care recipient's oral and dental health needs and preferences and specialist advice for care recipients with swallowing problems is sought if needed. Dental appointments and transport are arranged in accordance with care recipients' needs and preferences. Staff have received education in oral and dental care. Care recipients/representatives informed us staff provide assistance with care recipients' oral and dental care as required or as requested.

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

Initial assessment of care recipients’ sensory loss is undertaken when they move into the home. Management strategies are implemented, regularly reviewed and evaluated in consultation with the care recipient and referral to specialist services is arranged as needed. External optometry and hearing services are accessed. The team observed the environment to have good lighting, including natural light to optimise care recipient safety. Staff said they use a variety of strategies to manage sensory loss, including appropriate equipment and support to promote independence. Care recipients informed us staff are attentive to their individual needs including the care of glasses, hearing devices and if needed assistance to move around the home.

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 patterns known strategies to assist sleep are assessed when they move into the home and their care plans are regularly reviewed and evaluated by a registered nurse. Care recipients’ preferences for rising and retiring are respected and accommodated by staff. A review of documentation and discussions with staff show care recipients are offered comforts such as soft music, heat packs, aromatherapy, snacks, warm milk, and any other support to assist them achieve natural sleep patterns. Disturbances in sleep patterns are monitored and referred to the medical officer as needed. Lighting and noise levels are subdued at night. Care recipients informed us they are satisfied with the management of their sleep and the night time environment.

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 a description of the overall system of continuous improvement. In relation to Standard Three - Care recipient lifestyle, care recipient meetings, the comment and complaint system and verbal comments are used to gather suggestions and feedback on the lifestyle systems of the home.

The home has implemented improvements in relation to Standard Three - Care recipient lifestyle including:

- In response to a suggestion in an improvement log communication aid cards for use with care recipients from non-english speaking backgrounds have been introduced. The cards have resulted in improved communication mechanisms for these care recipients.
- Lifestyle staff identified that some care recipients were reluctant to participate in art groups because they believed their work was not at the same standard as others. The activity has been renamed art classes and participants separated into groups of different abilities with an educational focus. The changes have encouraged more care recipients to attend.
- Dance classes have been introduced which are proving popular many care recipients. Dances include those that can be performed by care recipients using wheelchairs. Staff said care recipients who normally don't participate in any activities have become involved in the dances.
- A formal activity evaluation system has been introduced. One activity is fully evaluated each month and includes interviews with 10 participants to obtain their views of the activity. The new system is enabling staff to ensure activities are of interest to care recipients and are modified as needed.

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. For further information relating to the home’s regulatory compliance system, please see expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relevant to Accreditation Standard Three – Care recipient lifestyle include:

- Management has a system for mandatory reporting of alleged and suspected reportable assaults as required under amendments to the Aged Care Act 1997.
- Staff obligations to maintain confidentiality of care recipients' information and to respect care recipients' privacy is included in the staff handbook and the staff code of ethics.
- There are systems to ensure confidentiality of care recipients' personal information all records are securely stored.

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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles.

Education related to Accreditation Standard Three delivered in the last 12 months include elder abuse, customer service, attendance at a lifestyle conference, person centred care, privacy and confidentiality.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems to ensure each care recipient is supported adjusting to life when they enter the home and on an ongoing basis. Care staff and leisure and lifestyle staff spend one to one time with care recipients during their settling in period and thereafter according to the care recipient's needs. The entry process includes gathering information from care recipients and their representatives to identify care recipients existing care and lifestyle preferences. Religious clergy or visitors provide services and individual support as needed. Care recipients/representatives expressed satisfaction with the level of emotional support and assistance staff provide to them on entry to the home and on an ongoing basis.

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 encouraged to entertain at the home and visitors and relatives are made to feel welcome when they visit. Staff facilitate care recipient participation in the local community, for example, through the arrangement of regular bus trips. Regular exercise programs and the mobility program assist care recipients to maintain their mobility levels and independence. Care recipients are able to remain on the electoral roll and assistance is provided to them to vote if they wish to do so. Observations and interviews confirm staff

promote care recipients' independence when assisting with their activities of daily living. Care recipients/representatives stated they are satisfied with the opportunities available to them to participate in the life of the community within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has systems to ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Care recipients care plans and progress notes provide evidence of consultation regarding their preferences for the manner in which care is provided. Care recipient's individual preferences are documented and known by staff. Care recipient records are securely stored and each member of staff has a unique log in password to access the computerised care management program. Observations confirm staff address care recipients in a respectful manner by their preferred names. Staff were observed to knock on care recipient room doors before entering. Care recipients/representatives informed us they are satisfied with the way in which privacy and dignity needs are met.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Lifestyle, leisure and social history assessments are undertaken when care recipients move into the home. Care plans are developed and evaluated regularly. Leisure and lifestyle staff plan monthly activity calendars. The activity program runs over seven days a week and includes a sunset program in the evenings. One on one activities are included in the calendar to cater for those who prefer not to attend group activities. Care recipients are consulted through care recipient meetings and activity evaluations regarding the activity program. This information is evaluated to make improvements to the program on an individual and group basis. Care recipients informed us they enjoyed the activities including the art and dance classes, bus trips, bingo and word games.

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

Care recipients are assessed on entry to the home for their individual customs, beliefs and cultural and ethnic backgrounds. Specific cultural days such as ANZAC day, Australia Day, St. Patrick's Day, Christmas and Easter are commemorated with appropriate festivities. Each care recipient's birthday is celebrated. Culturally specific activities are incorporated into the activity program. Interviews confirm the leisure and lifestyle staff and care staff have knowledge of and respect for the care recipients' individual backgrounds and beliefs. Care

recipients/representatives informed us they are satisfied with the cultural and spiritual life offered at the home.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients participate in decisions about the services they receive and are able to exercise choice and control. Mechanisms providing this include case conferences, discussions with staff, care recipients' meetings and surveys and through the comments and complaints processes. Care recipients informed us they are involved in decisions about their care routines and their participation in the activity program. Care recipients' choice of medical officer and allied health services is respected. Care recipients have personalised their rooms with memorabilia. Care recipients and their representatives informed us they are satisfied with the level of choice and decision making offered.

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 provides care recipients with secure tenure within the home and provides assistance for them to understand their rights and responsibilities. Relevant information about security of tenure and care recipients' rights and responsibilities is provided and discussed with prospective care recipients and their representatives before entering the home. The care recipient agreement contains information about security of tenure, rights and responsibilities and rules of occupancy. The *Charter of Care Recipients' Rights and Responsibilities* is displayed in the home. Care recipients said they feel secure in their residency within the home and confirm general awareness of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for a description of the overall system of continuous improvement. The home is actively pursuing continuous improvement in relation to Standard Four - Physical environment and safe systems. This was confirmed through observations, interviews and review of documentation.

The home has implemented improvements in relation to Standard Four – Physical environment and safe systems including:

- An audit identified gaps in the infection control program. Mandatory competency assessments were undertaken by all staff and education on infection control procedures undertaken. A follow up audit showed significant improvements in infection control practices.
- An incident in which a care recipient tried to enter the home by climbing an external fire staircase alerted the home to the risk to care recipients in having easy access to the stairs. A keypad gate has now been installed to the stairs which has resulted in improved safety for care recipients.
- The organisation identified that care recipient dining experiences could be improved. A range of improvements have been implemented including the introduction of rotational menus, laminated menus displayed in dining rooms, new crockery, new table cloths and the replacement of clothing protectors with napkins. Care recipients are now able to enjoy a more pleasant dining experience.
- The regional manager identified that the concrete area to the side of the home was uninviting. Shade sails and artificial turf were installed which now provides a pleasant outdoor area for care recipients and visitors to enjoy.

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. For further information relating to the home’s regulatory compliance system, please see expected outcome 1.2 - Regulatory compliance.

Examples of regulatory compliance relevant to Accreditation Standard Four – Physical environment and safe systems include:

- All chemicals are stored correctly with current materials safety data sheets.
- The home has a current NSW Annual Fire Safety Statement displayed.

- The home has current NSW Food Authority registration displayed.

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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles.

Education topics related to Accreditation Standard Four delivered in the last 12 months include fire safety, infection control, manual handling, work health and safety, hand hygiene, food safety, first aid, emergency preparedness, incident reporting and management.

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 a safe and comfortable living environment for care recipients and has a number of communal living areas available for care recipients and their visitors. Accommodation is in multi-bedded rooms. There are key pad coded doors and gates which provide a secure environment. A preventative and corrective maintenance system ensures prioritisation and efficient maintenance buildings, plant and equipment. Care recipient safety is monitored and maintained through incident and hazard reporting and regular environmental audits. Care recipients say the home is a comfortable place to live and they enjoy living at 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

Management and staff implement systems to ensure a safe working environment that meets regulatory requirements and management is proactive in ensuring the health, safety and wellbeing of employees. A work health and safety committee is in place which reviews the results of environmental audits, incident and accident data, hazards and maintenance. Policies and procedures and duty lists guide staff on safe work practices. New equipment is trialled as required and training is provided to staff to ensure safe use of the equipment. Staff said they feel supported and safe working at the home.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

The home has systems to minimise fire, security and emergency risks. These include regular maintenance checks of fire-fighting equipment, alarms and systems by an external company. An emergency manual, ready reference flipcharts, an emergency evacuation kit and external lighting are in place. Staff demonstrate an awareness of procedures and confirm compulsory fire training is attended. Fire-fighting equipment inspection and testing records are current and a current fire statement is on display. Care recipients and staff said that they feel safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection prevention and control program. Staff demonstrated awareness of standard precautions and the availability of personal protective equipment and colour coded equipment was observed in all areas. Infection control training is undertaken annually, and staff have access to guidelines and procedures. Staff practices are monitored and infection surveillance data is collected and analysed monthly. A food safety program, cleaning schedules and laundry practices follow infection control guidelines. External providers are used for pest control and waste management services. Outbreak management resources are available and hand wash basins, hand sanitising gels, sharps' containers and spill kits are accessible. An influenza vaccination program is available for care recipients and staff.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home ensures hospitality services enhance the quality of life of care recipients and the working environment for staff. The home has a four week seasonal rotating menu with care recipient input into the menu through care recipient meetings and individual care recipient feedback. The home works to meet care recipients' individual requests as much as is possible. Care recipients/representatives said they are satisfied with the catering service provided. The cleaning system follows infection control guidelines including appropriate chemicals and use of colour coded equipment. A work plan is in place to ensure all areas of the home are cleaned regularly. Care recipients/representatives said they are satisfied with the cleaning program. Commercial washing machines with automated chemical dispensing ensure sanitisation of towels, linen, care recipients' personal items and other laundry. Care recipients/representatives say they are satisfied with the laundering system.