



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Catholic Healthcare Vincentian Aged Care Service RACS ID: 0160

Approved Provider: Catholic Healthcare Limited

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

Reconsideration Decision made on 1 February 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 05 August 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 21 September 2015 to 21 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 1 February 2018

Accreditation expiry date 21 July 2019



Australian Government

Australian Aged Care Quality Agency

Vincentian Aged Care Service

RACS ID 0160

48 Yurong Street

EAST SYDNEY NSW 2010

Approved provider: Catholic Healthcare Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 21 September 2018.

We made our decision on 05 August 2015.

The audit was conducted on 07 July 2015 to 08 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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Vincentian Aged Care Service 0160

Approved provider: Catholic Healthcare Limited

Introduction

This is the report of a re-accreditation audit from 07 July 2015 to 08 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

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 07 July 2015 to 08 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

Team leader:	Maggy Franklin
Team member/s:	Sally Cox

Approved provider details

Approved provider:	Catholic Healthcare Limited
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Details of home

Name of home:	Vincentian Aged Care Service
RACS ID:	0160

Total number of allocated places:	30
Number of care recipients during audit:	29
Number of care recipients receiving high care during audit:	17
Special needs catered for:	nil

Street/PO Box:	48 Yurong Street	State:	NSW
City/Town:	EAST SYDNEY	Postcode:	2010
Phone number:	02 9360 6024	Facsimile:	nil
E-mail address:	moliver@chcs.com.au		

Audit trail

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

Interviews

	Number		Number
Manager	1	Care recipients/representatives	10
Registered nurse	1	Volunteers	1
Personal care assistant	3	Catering staff	1
Physiotherapist	1	Area manager cleaning company	1
Recreational activity officer/personal care assistant	2	Cleaning staff	1

Sampled documents

	Number		Number
Care recipients' files	5	Medication charts	15
Care recipient agreements	3	Personnel files	4
Feedback and development system	4		

Other documents reviewed

The team also reviewed:

- Audits across the standards.
- Carer maintenance check for clients
- Certificates of currency, contracts, service agreements, insurances
- Cleaning schedules, environmental checklists
- Clinical care: clinical assessments, care plans, progress notes, medical notes, allied health reports, pathology results, care planning review schedules, case conferences, podiatry records, physiotherapy assessments, care plans and records, reflexology records
- Clinical indicators monthly report
- Clinical monitoring charts: observation charts - weights, temperature, pulse, blood pressure, blood glucose levels, pain monitoring logs, behaviour monitoring logs, bowel charts, personal hygiene charts, wound charts, stoma care charts, accident and incident records
- Complaints documentation, consolidated register for compulsory reporting, reportable incidents documentation
- Continuous improvement plan, improvement form, clinical and quality data analysis records
- Diet preference sheets, special diets, alternate lunch preferences
- Education attendance records, calendar, competencies, annual education survey
- Evacuation folder including emergency evacuation procedure, business continuity plan care recipient information, disaster manual

- Incident forms
- Job descriptions, duty statements
- Leisure and lifestyle: activity calendar, leisure and lifestyle assessments and care plans, activity participation records, activity evaluation records, care recipients and representatives meeting minutes, pastoral care plans
- Medication management policies, medication incident forms, medication audits, pharmacy ordering procedures, pharmacy folders
- Medication management: medication charts and profiles, medication incident report forms, record of signatures, medication refrigerator temperatures, evaluation records for when required medications, medication reviews by external pharmacist
- Meeting minutes, memoranda, surveys, doctors book, handover sheets, communication books, appointment folder, registered nurse folder, daily care folder
- NSW Food Authority licence, food safety program, kitchen records
- Orientation and core skills development booklets
- Planned preventative maintenance plan and records, maintenance request log, pest control records, electrical equipment risk assessment and register, environmental audits
- Police clearance list, professional registrations
- Policies and flowcharts
- Quality management framework, quality report
- Resident information pack and resident handbook
- Roster
- Staff handbook

Observations

The team observed the following:

- Activity program on display; care recipients participating in activities and activity resources
- Equipment, including for mobility and transfer and supply storage areas
- Fire safety equipment and testing records, documentation
- Handover in progress
- Hospitality services, lunch, morning and afternoon teas, menu
- Infection control documentation, equipment and supplies, outbreak information
- Interactions between staff, residents and visitors, meal service and staff assisting residents with meals and drinks
- Living environment
- Medication administration, medication storage
- Notice boards for staff and care recipients, information brochures on display for care recipients, visitors and staff
- Secure storage of care recipient and staff information
- Short term observation of care recipients in recreation room.
- Visitors sign in/out books.

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Vincentian Aged Care Service presented evidence there is a quality management system and the home is actively pursuing continuous improvement. The system is overseen at the home by the manager and is linked to the corporate quality system. The system includes mechanisms for the collection, implementation, evaluation and feedback of continuous improvements to all stakeholders. Quality activities to monitor the four Accreditation Standards are being met include audits and surveys, analysis of statistics, actioning complaints and suggestions, management observations and maintenance requests. A consultative approach through avenues such as meetings and individual discussions ensures all stakeholders have the opportunity to be involved in improvements. Staff and care recipients/representatives receive feedback via meetings, discussions and education. Continuous improvement activities undertaken in relation to Accreditation Standard One include:

- The organisation has recently updated its policies and flowcharts to ensure compliance with legislation and best practice. Copies have been distributed to all the homes in the organisation and any changes implemented in procedures and processes.
- The organisation has introduced a “red alert” memoranda on line notification system. This applies to any changes that need to be made with 24 hours to ensure compliance with any changes in regulatory compliance.
- As a result of an internal staff survey a workshop was carried out around communication and team building. This has improved staff skills in these areas.

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's management has systems to identify and ensure compliance with all legislation, regulatory requirements, professional standards and guidelines. At the organisational level the clinical governance committee receives notification of changes in legislation, regulations and guidelines via government documents, subscription to a peak body and aged care and industry organisations. Policies and procedures are then updated and are available to the home. Dissemination of the changes needed to maintain compliance is through meetings, notices and education. Compliance with regulatory requirements is monitored through audits, surveys, competency assessments, and observations by management. Examples of

responsiveness to regulatory compliance and best practice relating to Accreditation Standard One include a system to ensure all staff, volunteers, contractors have up to date criminal record checks and staff attending mandatory education.

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

Vincentian Aged Care Service has systems of recruitment, orientation and an ongoing education program that ensures staff have the knowledge and skills to perform their roles effectively. Training needs are identified from discussion with staff, audit results, observation of staff practices, changes in care recipient needs, performance appraisals and if new equipment or processes are introduced. Topics range across the four Accreditation Standards and include internal and external sessions. We sighted staff attendance records including those in mandatory topics. Education sessions that staff and management attended in 2014/15 relating to Accreditation Standard One include Australian aged care funding instrument, team work and communication and customer service training.

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

There are systems to ensure all care recipients or their representatives and other interested parties, have access to internal and external complaints' mechanisms. Internal mechanisms include meetings, improvement forms, surveys, case conferences, letters and discussions with management. We noted information on the internal and external complaints' mechanism was described in handbooks and brochures for the external complaints mechanism displayed. Care recipients stated they would feel confident to complain if they felt the need and complaints were noted to be actioned and followed up with the complainant in a 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 home's vision, mission and values are displayed near the entrance to the home and in the staff handbook. The philosophy of care is documented in the residential aged care handbook and the resident handbook. Staff are introduced to these during orientation.

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 are systems to ensure sufficient, appropriately skilled and qualified staff are available to provide services in accordance with the Accreditation Standards and to support the home's philosophy and goals. The system involves determining and maintaining appropriate staff numbers based on care recipients' care needs, occupancy, the safety and welfare of staff, current industry standards and staff input. Recruitment is organised primarily through the home. The successful candidate then undergoes orientation and buddy shifts as needed. Staff are issued with handbooks, job descriptions duty statements and there is continuing education, competencies and performance reviews. Staff are replaced as required from a casual pool or part-time staff. A range of outside specialist services supplement staff skills. Care recipients interviewed stated staff are knowledgeable in their area of work and responsive to their needs.

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

Staff confirmed and we observed appropriate levels of stock and equipment to provide quality care and services to care recipients. Various staff have delegations in relation to ordering stock and said management is responsive to all reasonable requests. Stock and goods are checked on arrival and equipment is maintained through corrective and scheduled internal and external preventative maintenance programs. Equipment undergoes a trial prior to purchase if appropriate and staff are educated on the use of new equipment.

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

We confirmed the home has a range of effective information systems. Interviews with care recipients and staff indicated there is an efficient flow of information. Staff communication systems include meetings, policies and flowcharts, manuals, information from government departments, handbook, orientation and training, noticeboards, handover, one-to-one discussions and a range of clinical documentation. A care recipient information system includes administration forms, handbook, residential care agreements, care recipients' meetings, case conferences and clinical records. We noted there is a system to ensure care recipient, staff and archived files are securely stored and destroyed appropriately. Computers are password protected and backed up.

1.9 External services

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

Team's findings

The home meets this expected outcome

There are systems and procedures to assist management in the selection of external services that meet the home's needs and quality goals. We viewed up to date contracts, service agreements and associated documentation such as insurances and certificates of currency. Some contracts are across the organisation and are organised at the corporate while most service agreements are arranged at the home level. Local services are used where appropriate. Management at the home and at the organisational level monitor the standard of service and evaluations occur when contracts and agreements are being renewed. Care recipients and staff have opportunities to provide feedback and indicated satisfaction with the quality of external services provided to 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

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Two include:

- In ensure all clinical needs of the care recipients are adequately met and there is support for the personal care assistants the registered nurse hours are being significantly increased. There will be coverage seven days a week.
- To ensure the best clinical care the procedures for the care of care recipients using cytotoxic drugs has been upgraded. Staff were educated on the new procedures, additional specialised personal protective equipment made available and care plans updated.
- With the introduction of a registered nurse on site seven days a week new procedures for the management of S8 drugs is being introduced. This includes the implementation of a drug register to better manage the administration of scheduled medications, which will be overseen by the registered nurse.

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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. We observed the home has information available to staff on legislation and guidelines relating to health and personal care. Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Two are keeping professional registrations up to date and policies and procedures for unexplained care recipients' absences.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

For details of the home's systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and

staff development. Education sessions staff and management attended in 2014/15 related to Accreditation Standard Two include skin and wound care, palliative care, medication skills set and falls prevention.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive clinical care that is appropriate to their individual needs and preferences. The home has systems to access, using a comprehensive suite of assessments, monitor and evaluate care recipients care needs on entry to the home and on an ongoing basis. Information is obtained from care recipients, representatives and health professionals when care recipients move into the home. The registered nurses develop individualised care plans which are reviewed and evaluated three monthly and when required. Case conferencing is encouraged after entering the home, annually and whenever a concern arises. Care recipients needs are communicated to staff verbally at handover using handover sheets and through communication diaries. Medical practitioners conduct regular reviews and in emergencies care recipients are transferred to hospital. Care recipients and their representatives expressed satisfaction with the care provided at the home.

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 and processes to support the specialised nursing care needs of care recipients. The home is currently providing, and has the equipment and skills to support care needs such as diabetes management, wound management, anti-coagulant therapy and stoma therapy. The registered nurses access care recipients for specialised nursing care and undertake or supervise any specialised nursing treatments. Care recipients are referred to a range of allied health professionals and other specialists to assist the home’s staff to manage care recipients specialised needs. Care recipients/representatives said they are satisfied the home’s staff are able to provide specialised nursing care.

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 ensures care recipients are referred to appropriate health specialists in accordance with the care recipients needs and preferences. The home has processes to refer care recipients to a range of services such as physiotherapist, dietician and podiatry. In addition the home can access services from the local hospitals for palliative care advice, wound management and the mental health team. Care recipients are assisted to access external services as arranged by the home. Information and recommendations made by

health professionals are referred to the medical officer and actioned where necessary. Care recipients/representatives confirm they are referred to specialists as the need arises.

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 that care recipients medication is managed safely and correctly. This includes the ordering, storage, disposal, administration, recording and review of medications. The home uses a single dose blister pack system and liaison with the supplying pharmacist ensures that new or changed medications are supplied promptly. Medications are stored securely and we observed safe and correct medication administration by care staff, who have completed medication competency assessments. Regular pharmacological reviews are undertaken and medications are adjusted as needed by the care recipients’ medical practitioners. Review of medication charts show they contain all relevant information and identification of care recipients. Care recipients/representatives expressed satisfaction with the way care recipients medication is managed.

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

To ensure that care recipients are as free from pain as possible all care recipients are assessed for pain on entry to the home and ongoing pain assessments are conducted to monitor care recipients pain. Consultation with the care recipient, physiotherapist and their medical practitioner is conducted by the home and the specific management strategies are documented in their care plan. The physiotherapist recommends treatments such as exercise, massage therapy and use of laser treatment. This treatment is provided by the registered nurse and physiotherapist as directed. Care staff described the interventions they use to relieve resident pain such as walking; repositioning and gentle massage. The effectiveness of interventions is evaluated by staff to ensure pain relief treatments remain effective. Care recipients said they are satisfied with how the home manages their pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure the comfort and dignity of residents requiring palliative care is maintained. Advance care plans are discussed with the care recipient/representative on entry to the home and at case conferences. The home has access to the local palliative care services for specialist advice and support. Clergy and pastoral carers are available for spiritual care and additional emotional support if that is the wish of the care recipient.

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 provide care recipients with adequate nutrition and hydration through initial and ongoing assessment of care recipients' dietary preferences, likes and dislikes. Special dietary requirements are specified in care recipients care plans and communicated to catering staff. Staff monitor and assist the care recipients at meal times. Care recipients are weighed monthly or more frequently to monitor weight changes and additional nourishing fluids such as fortified drinks and dietary supplements are provided when weight loss is identified. The home refers care recipients to a dietician as required. Care recipients/representatives said they are satisfied with the home's meals.

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 an effective system to ensure that care recipients skin integrity is consistent with their general health. Initial and ongoing assessments are conducted to identify skin care needs and management strategies are incorporated into the care recipients care plan. The home has a podiatrist who visits monthly to provide assessment and foot care. Care recipients wounds are managed appropriately, sufficient supplies of wound care products are available and referrals are made as required. The home monitors accidents and incidents including wound infections and skin tears. Care recipients report satisfaction with the way the home manages their skin care needs.

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 that care recipients continence is managed effectively. On entry to the home care recipients are assessed for their continence needs and then on an ongoing basis. Care staff are knowledgeable about care recipients needs and preferences for toileting and the use of continence aids. Aids to manage and support care recipients with continence care include a range of pads, exercise programs, dietary supplements and medications. The home has an adequate supply of continence aids and linen. Infection data, including urinary tract infections, is regularly collected, collated and analysed. Care recipients said they are satisfied with the way in which their continence needs are managed.

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 access and manage care recipients with challenging behaviours. This includes initial and ongoing assessment and monitoring of care recipients behaviour needs. The care plan is developed to include strategies that address the care recipients’ specific needs. Care recipients are referred to their medical practitioner and/or mental health team for review when necessary. Staff demonstrate an understanding of care recipients’ behaviours and specific interventions they use to minimise the incidence of the behaviour. These interventions include offering food and fluids, checking for pain, redirecting or providing the resident with a specific activity. Care recipients/representatives said they are satisfied with the way in which the home’s staff manage care recipient behaviours of concern.

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

Optimum levels of mobility and dexterity are achieved for all residents. On entry to the home each care recipients mobility, dexterity and rehabilitation needs are assessed and documented by the physiotherapist to ensure care meets care recipients needs and preferences. Exercise groups are held and care recipients are encouraged to attend. Staff supervise and assist care recipients to mobilise and care recipients are encouraged to use their mobility aids. Review of documents confirmed strategies are implemented at the home to reduce the incidence of resident falls. Incident/accident data, including resident falls is regularly collected, collated and analysed. Staff at the home confirmed that they complete annual compulsory manual handling training. Care recipients/representatives said they are satisfied with the care provided.

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

Care recipients oral and dental health is maintained, including initial assessment of care recipients oral and dental needs. Care recipients are referred and assisted to access dentists when required. Oral health care is monitored daily by care staff during teeth and denture cleaning. The day to day oral care is attended as per care plans with care recipients being encouraged to brush their own teeth or dentures to maintain their independence. Aids to maintain dental hygiene include toothbrushes and toothpastes. Care recipients said that staff assist them to maintain their oral and dental hygiene.

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

Care recipients sensory losses are identified and managed effectively. Sensory loss is identified on entry to the home and an assessment is completed to identify care recipients specific needs. Care recipients have access to specialist services including audiology and optometry. Care recipients confirm that staff assist them in cleaning their glasses, fitting their hearing aids and replacing hearing aid batteries. Activities such as massage therapy, music and large print resources provide sensory stimulation. Care recipients said they are satisfied with the manner in which the home identifies and manages their 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

The home assists care recipients to achieve natural sleep patterns through a sleep assessment, care planning and staff support at night. Care staff reported that if care recipients are having difficulty sleeping, staff will offer warm drinks or snacks, assist the care recipient to the toilet or provide reassurance to promote relaxation and sleep. The home also uses strategies such as dimming the lights, answering buzzers promptly and ensuring noise is at a minimum. Care recipients advised they are satisfied with the home’s approach to sleep management.

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

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Three include:

- To cater better for the individual needs of care recipients a greater emphasis is being placed on individual or small group activities especially getting care recipients out into the community. Activities include movie and coffee outings or to special interest spots such as Skytower.
- Care recipient leisure documentation has been updated and upgraded. It now includes input from the registered nurse. Assessments and the gathering of information is more thorough and the information is more useful.
- To support care recipients choice and decision making and independence posters have been made and displayed giving the contact details for the aged care complaints scheme, the aged care rights scheme and legal aid.

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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. We observed the home has information available to staff on legislation and guidelines relating to care recipient lifestyle. Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Three are staff signing confidentiality statements as part of their employment agreements, the home having a system for compulsory reporting in accordance with regulatory requirements and care recipients signing a resident agreement.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

For details of the home’s systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and

staff development. Education sessions that staff and management attended in 2014/15 related to Accreditation Standard Three include depression in the elderly, mental health awareness and laughter box.

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 expressed appreciation to staff for the support and assistance staff provide during their entry to the home and settling in period. The entry process includes gathering information from care recipients and representatives to identify existing care and lifestyle preferences. This information is recorded in social and lifestyle assessments and an individualised care plan is developed. Care recipients are orientated to the home and care and life style staff spend extra one on one time with the care recipient during the settling period. Care recipients are welcome to personalise their rooms with small familiar items and photographs. The team observed staff interacting with the care recipients in an understanding and caring manner.

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 said they are satisfied with the opportunities available to them to participate in the life of the community, maintain friendships and maximise their independence. The home provides an environment in which representatives, friends and community groups are welcome to visit. The activity program contains both internal and external activities such as regular bus outings and entertainment by community groups. Volunteers attend the home to assist care recipients to engage in activities and special events.

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

Care recipients reported that their privacy, dignity and confidentiality is respected at all times. Staff respect the privacy and dignity of care recipients by knocking and waiting for permission before entering care recipients rooms and treating care recipients in a respectful manner. Care recipient records and information is securely stored and only accessible by authorised personnel. Staff and volunteers sign a confidentiality agreement on commencement at the home. Care recipients/representatives sign consents for use of information. There is a lounge/activities room and outdoor areas of the home where care recipients may entertain family and friends.

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

Care recipients expressed satisfaction with the activity program offered by the home. A lifestyle care plan is developed for each care recipient on entry to the home which outlines previous and current interests. The home has systems to ensure care recipients are encouraged and supported to participate in their interests and activities. Care recipients activity interests are included in the monthly activity program which is displayed in communal areas of the home. The monthly activities program takes into account significant theme days and residents preferred activities. Some examples of leisure interests provided include church services, bingo, pool, craft, bus outings, movies, barbeques, word puzzles, coffee mornings, exercise programs, reflexology and many special event celebration days. Information obtained from care recipients meetings is also used to plan and evaluate activities offered by the home. Care recipients expressed satisfaction with the activities available.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients reported they are satisfied with the support provided for their cultural and spiritual needs. The individual requirements of care recipients to continue their beliefs and customs are identified in the assessment process on entry. Specific cultural days such as Australian Day, Christmas Day, Anzac Day, Father's Day, Mother's Day and birthdays are commemorated with appropriate festivities. Care recipients and representatives expressed appreciation for the efforts of staff to entertain and please the care recipients on these occasions. Religious clergy hold services at the home and residents are invited to attend these if they wish to do so. A pastoral carer also provides spiritual and emotional support.

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

Care recipients reported satisfaction with the choices available to them at the home. Participation in group activities is the choice of the care recipient and they are asked to choose how they wish to spend individual time with lifestyle staff. Care recipients and representatives participate in decisions about the services they receive through discussions with staff, care recipient meetings, surveys, case conferences and through the comments and complaints processes. Feedback about matters raised is provided through care recipients and representatives' meetings. Care recipients expressed satisfaction with the actions taken by management on matters raised.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure, fees, care, services and care recipients rights is discussed on entering the home. All care recipients are given an agreement and handbook which outline care and services, care recipients' rights and complaints resolution processes. The charter of residents' rights and responsibilities is on display in the home. Care recipients/representatives indicated satisfaction with their security of tenure at the home and were aware 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

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Four include:

- As a result of a number of false alarms and in preparation for the installation of a sprinkler system in the next few months the fire panel is being up graded. The new panel has the capability of identifying the exact sensor that set it off thus allowing quicker identification of the location of the fire.
- At the organisational level a company has been contracted to maintain all kitchen equipment. This will ensure all equipment is checked and maintained regularly and remains up to standard.
- To improve infection control a rail has been set up in the laundry for the separate air drying of mop heads.

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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. We observed the home has information available to staff on legislation and guidelines relating to physical environment and safe systems such as on outbreak management. Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Four include displaying safety data sheets (SDS) near stored chemicals, the home having a food safety program and a licence from the NSW Food Authority.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

For details of the home’s systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education sessions that staff and management attended in 2014/15

related to Accreditation Standard Four include, fire safety, infection control, food safety and manual handling.

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

Systems and procedures have been established to guide management and staff in the provision of a safe and comfortable environment to meet care recipients' needs. All rooms are single with ensuites on four levels of the home. There is an outdoor roof top area with shade cover, a recreation/lounge room, a dining room and two entrance patios. We noted the home to be clean, odour free, with well-maintained equipment and furniture and to be at a comfortable internal temperature. A range of environmental audits is carried out in addition to regular maintenance.

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

Vincentian Aged Care Service has a workplace health and safety (WHS) system in place that operates to provide a safe working and living environment that meets regulatory requirements. There is a corporate WHS officer and WHS is overseen at the home by the manager with input from staff. WHS forms part of orientation and ongoing education in such areas as manual handling and fire safety. Chemicals are securely locked away and SDS and personal protective equipment are available. Equipment is maintained through corrective and scheduled internal and external preventative maintenance programs. We noted documentation relating to safe practices displayed and observed safe practices in operation.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

There is a range of systems, procedures and equipment in place to minimise fire, security and emergency risks. There is ongoing compulsory education of staff in fire safety procedures and staff interviewed were knowledgeable about fire safety systems at the home. We observed reports confirming equipment is regularly tested. Documentation relating to fire safety and other emergencies such as evacuation plans, disaster management plans and care recipient evacuation data is accessible and exit routes are clearly marked. The home has equipment such as smoke detectors, hydrants, hose reels and fire blankets. There is a security system in operation including secure entry/exit for care recipients using a fob system, video cameras and a nurse call system.

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

Vincentian Aged Care Service has an effective infection control program. This includes staff orientation, ongoing education, observation of staff practices, the availability of policies and flowcharts including information on outbreak management. Infection data are collected, analysed and benchmarked across the organisation and these and other infection control issues are discussed at staff meetings. We noted infection control procedures such as colour coded equipment, personal protective equipment and monitoring of temperatures in use. Audits are undertaken, there are processes for the removal of contaminated waste and spills kits and sharps containers are available. Staff interviewed could describe the use of infection control precautions in their work such as the separation of clean and dirty areas in the laundry. Staff confirmed they had undertaken education in this area. There is a care recipient and staff vaccination program in operation.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Care recipients interviewed were happy with the catering, cleaning and laundry services. Dietary information including special requirements and preferences is held in the kitchen and updated as required. Meals are prepared off site using a cook/chill system. There is a four week rotating seasonal menu and care recipients have choices at all meals. Mechanisms for feedback on catering and other hospitality services are available and include meetings, surveys and verbally with staff. There is a laundry on site that does care recipients' personal laundry. Linen is out sourced to a contract laundry. Cleaning is also contracted out. Infection control procedures ensure hospitality services are provided in accordance with health and hygiene standards and staff were able to describe and demonstrate application of these procedures to their work.