



Australian Government
Australian Aged Care Quality Agency

Hillside at Figtree

RACS ID: 0870

Approved provider: Hillside Brae Pty Ltd

Home address: 190 Princes Highway Figtree NSW 2525

Following an audit we decided that this home met 26 of the 44 expected outcomes of the Accreditation Standards. We decided to vary this home's accreditation period. This home is now accredited until 04 November 2017.

We made our decision on 04 May 2017.

The audit was conducted on 11 April 2017 to 21 April 2017. The assessment team's report is attached.

The six-month period of accreditation means the home will be subject to another full audit in a short period of time.

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

Important information:

On 27 April 2017, Hillside Brae Pty Ltd was notified of a decision of the delegate of the CEO of the Australian Aged Care Quality Agency that a failure to meet one or more expected outcomes in the Accreditation Standards has placed, or may place, the safety, health or wellbeing of a care recipient at serious risk.

The Department of Health has been notified of the risk. The Secretary of the Department of health may impose sanctions on an approved provider that has not complied, or is not complying, with its responsibilities under the Aged Care Act 1997. If applicable, sanctions are published at: <http://www.myagedcare.gov.au/compliance-information>

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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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	Not met
1.7	Inventory and equipment	Met
1.8	Information systems	Not met
1.9	External services	Met

Standard 2: Health and personal care

Principles: 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	Not met
2.2	Regulatory compliance	Met
2.3	Education and staff development	Not met
2.4	Clinical care	Not met
2.5	Specialised nursing care needs	Not met
2.6	Other health and related services	Met
2.7	Medication management	Not met
2.8	Pain management	Not met
2.9	Palliative care	Not met
2.10	Nutrition and hydration	Not met
2.11	Skin care	Not met
2.12	Continence management	Not met
2.13	Behavioural management	Not met
2.14	Mobility, dexterity and rehabilitation	Not met
2.15	Oral and dental care	Met
2.16	Sensory loss	Met
2.17	Sleep	Met

Standard 3: Care recipient lifestyle

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

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	Not met
3.7	Leisure interests and activities	Met
3.8	Cultural and spiritual life	Met
3.9	Choice and decision-making	Met
3.10	Care recipient security of tenure and responsibilities	Met

Standard 4: Physical

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	Met
4.2	Regulatory compliance	Met
4.3	Education and staff development	Not met
4.4	Living environment	Not 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	Not met



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Audit Report

Name of home: Hillside at Figtree

RACS ID: 0870

Approved provider: Hillside Brae Pty Ltd

Introduction

This is the report of a Review Audit from 11 April 2017 to 21 April 2017 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.

During a home's period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 26 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 1.6 Human resource management
- 1.8 Information systems
- 2.1 Continuous improvement
- 2.3 Education and staff development

- 2.4 Clinical care
- 2.5 Specialised nursing care needs
- 2.7 Medication management
- 2.8 Pain management
- 2.9 Palliative care
- 2.10 Nutrition and hydration
- 2.11 Skin care
- 2.12 Continence management
- 2.13 Behavioural management
- 2.14 Mobility, dexterity and rehabilitation
- 3.6 Privacy and dignity
- 4.3 Education and staff development
- 4.4 Living environment
- 4.8 Catering, cleaning and laundry services

Scope of this document

An assessment team appointed by the Quality Agency conducted the Review Audit from 11 April 2017 to 21 April 2017.

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.

Details of home

Total number of allocated places: 81

Number of care recipients during audit: 74

Number of care recipients receiving high care during audit: 57

Special needs catered for: N/A

Audit trail

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

Interviews

Position title	Number
General manager	1
Executive manager	1
Nurse advisor	1
Care manager	1
Clinical leader	1
Registered nurses	4
Team leader	1
Care staff	12
Team leader people/culture	1
Lifestyle team leader	1
Care recipients/representatives	22
Volunteers	2
Catering senior operations manager	1
Catering operations manager	1
Chef	1
Catering staff	3
General group manager cleaning	1
Operations customer service manager cleaning	1
Laundry staff	1
Cleaning staff	3
Maintenance staff	1

Sampled documents

Document type	Number
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Document type	Number
Care recipients' files	37
Summary/quick reference care plans	4
Medication charts	24
Dietary assessments	65
Wound charts	12
Behaviour charts	19
Residential agreements	3
Personnel files	7

Other documents reviewed

The team also reviewed:

- Action plans
- Audits
- Care recipients' information handbook
- Care recipients' information package and surveys
- Catering services documentation including: food safety plan, care recipients' dietary requirements, safe work instructions, menu, food safety licence, catering stock control documents, sanitising procedures and log, kitchen maintenance record, food and appliances temperature records, kitchen cleaning schedule, food texture modification instructions
- Clinical care: bowel charts, blood glucose level monitoring, continence management, meals and drinks, weight monitoring, skin charts, wound management/dressings, mobility and pain charts, medical officers directives of care, food supplement and special diet list and case conferences, electronic care documentation, physiotherapist documentation including assessments, care plans, guides, treatment sheets, registered nurse check list
- Compliments and complaints documentation including external complaints
- Consolidated register of reportable incidents
- Continuous improvement plan
- Emergency and fire safety documentation including: annual fire safety statement, care recipient emergency evacuation bag with care recipients details and identification tags, fire safety system maintenance and inspection records, documents in relation to faults/defects identified through service of fire safety system and quotation and approval for relevant replacement and repairs, fire safety service report, evacuation diagram, emergency management plan and emergency procedure manual, emergency procedure flip chart, fire safety audit 16 March 2017
- Human resource management: education / meeting calendar, education attendance records, competency assessments, police check register, professional staff registrations,

orientation checklists, appraisals, roster, duty statements, rosters and allocation sheets for 2017

- Infection control documentation: infection control manual, outbreak management procedures, individual care recipient infection management records, clinical indicators, pest maintenance documentation Infection control documentation including, care recipient vaccination records, care recipient consent for vaccination, infection data collection sheet and summary report and statistics, infection prevention and control chart
- Information systems documentation: electronic communication system, communication books/folders, handover/shift reports, care assessment and care management plan checklist, technical nursing records, care recipient clinical folders
- Lifestyle documentation: lifestyle, social and leisure profiles and spiritual and cultural assessments, life style plans, lifestyle attendance records, activities calendar, multicultural day folder
- Maintenance documentation: logs and schedules, preventative maintenance schedule, contractor documentation, thermostatic mixing valve documentation, safety data sheets, electrical testing and tagging documents
- Medication management: drugs of addiction register, medication care plans, medication incidents, medication refrigerator temperature records and incident reports
- Meeting minutes including general staff, falls prevention committee, care recipient and representative, medication advisory committee, WH&S, food forum
- Memorandums
- Nutrition and hydration management: care recipient dietary requirements, daily menu, dietitian reviews, daily food preference sheet
- Recruitment policies and procedures

Observations

The team observed the following:

- Activities in progress
- Café in use
- Care recipient and staff interactions
- Cleaning in progress and associated equipment and storage
- Comment and complaint forms available
- Equipment and supplies in use and storage areas including continence aids, catheters and nutritional supplements
- Exercise program in progress and physiotherapist undertaking treatments with care recipients
- External complaints information displayed, feedback forms and secure suggestion box for lodgement of feedback forms
- Hairdresser in progress
- Infection control resources including hand washing facilities, hand sanitising gel, personal protective and colour coded equipment, outbreak management resources, sharps containers, spills kits, clinical waste bin, waste disposal and recycling
- Living environment – internal and external, Hepburn spa/Hairdressing salon

- Lunch meal and beverage services including presentation and meal tray delivery, staff supervising, use of assistive devices for meals, availability of drinks and menu displayed
- Medication administration round
- Noticeboards and displayed information including Australian Aged Care Quality Agency notice of contact assessment and Charter of residents' rights and responsibilities, gastroenteritis and influenza awareness, hand hygiene, information for care staff on clinical care requirements
- Outbreak kit and cytotoxic spill kit
- Oxygen cylinders
- Security systems including key pad entry/exit, sign in/out register, closed circuit television monitoring surveillance of medication room and kitchen
- Sign in and out books
- Staff interacting courteously with residents, visitors and other staff
- Staff work areas and work practices including management, administration, clinical, lifestyle, catering, cleaning, laundry and maintenance
- Staff work practices
- Storage of secure care recipient records

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 services, 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 organisation has systems to pursue continuous improvement across the Accreditation Standards. The quality program includes activities to monitor, assess, action, review and evaluate the home's processes, practices and service delivery. Opportunities for stakeholders, staff and interested parties input includes suggestion and complaints mechanisms, meetings, surveys, scheduled audits and monitoring of data. Recent examples of continuous improvement in relation to Accreditation Standard One include:

- The organisation has developed an intranet system “*sharepoint*”. This system allows for one server and cloud backup. It supports document control, care recipient movement and staff information systems. Organisational initiatives, public events, calendar items and training information are able to be posted in this system. This system was operational in June 2016.
- Management identified the need for additional supervision of care staff and clinical oversight. Roles were created for additional positions of clinical leader which provides clinical oversight at the home and two team leaders who provide leadership and management of care personnel.
- Management identified that improvement needed to be made in management of staff. A new position of team leader people culture has been created. A person commenced in the role several weeks ago. They are responsible for overseeing staff management, rosters and quality assurance. The role is to support more effective human resource management.
- Following complaints about supplies the executive manager has utilised the main supplier to implement an inventory system. Management and staff said there has been a recent improvement in the management and distribution of supplies.

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 organisation has systems in place to identify and ensure compliance with all the relevant legislation, regulatory requirements, professional standards and guidelines. The organisation has systems to obtain and disseminate relevant information relating to updates in all standards. The organisation is a member of two peak bodies and subscribes to regulatory

bodies which provide regular updates and information. Meeting minutes, memos and computerised documentation verify regulatory information and updates are disseminated to staff. Recent examples of regulatory compliance relating to standard one, management systems, staffing and organisational development include:

- Staff, contractors and volunteers have criminal history clearances.
- Contracts with external service providers confirm their responsibilities under relevant legislation, regulatory requirements and professional standards.
- Notices were in place informing care recipients and representatives of the review audit.
- Comments and complaints and advocacy brochures are available in the home.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has a system to assist management and staff members in gaining appropriate knowledge and skills to perform their roles effectively. There are minimum requirements for employment in the home. The organisation has a mandatory education program. Recent education sessions attended by various individual staff members include:

- Compulsory training in the organizational documentation system has been undertaken as it was identified staff lacked confidence in the use of the system. We observed 55 staff have recently completed this training.
- On 3 March 2016 52 staff completed online bullying and harassment training.
- On 7 June 2016 13 staff completed training on the code of conduct.

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

Each care recipient, their representatives and other interested parties have access to internal and external complaints mechanisms. Care recipient and representative meeting minutes demonstrate a wide range of topics are discussed and the meeting provides a forum for raising issues. We reviewed documented complaints and noted most documented complaints have been responded to 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 organisation has documented the service's vision, values, philosophy, objectives and commitment to quality throughout the service.

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 does not meet this expected outcome

Management are not able to demonstrate there are appropriately skilled staff sufficient to ensure that services are delivered in accordance with the standards and the residential care service philosophy and objectives. Management, staff, care recipients and representatives say there has been issues with filling the roster and staff availability as well as high staff turnover. Agency staff have not been orientated to the home nor have access to appropriate information to support their roles. Call bells are not answered in a timely manner. Care recipients and represents express dissatisfaction with the availability of staff.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's findings

The home meets this expected outcome

The home demonstrates appropriate stocks of goods and equipment for quality service delivery are generally available. This includes health and personal care supplies and equipment, food, furniture and linen. There is a new system for monitoring and management of inventory and equipment is maintained through a corrective and annual planned preventative maintenance program. Feedback from staff and care recipients confirms there has been some issues with recent improvements in the availability and appropriateness of goods and equipment.

1.8 Information systems

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

Team's findings

The home does not meet this expected outcome

The home does not have effective information systems. Clinical documentation has not been maintained. Information has not been available to support staff in their work. Staff have not been familiar with computerised information systems. Issues continue with the function of computerised systems. We observed some information systems have been altered and staff are unclear about correct or current systems.

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 effective systems and processes to ensure external services are provided to meet the care service needs of care recipients and the home's service quality goals. The organisation has preferred suppliers and contractors. Service agreements and contracts are developed and reviewed. The home monitors the quality and effectiveness of services provided including through consultation with appropriate staff, care recipients and

representatives. There is a process to address, and if required change, external service providers when services received do not meet the needs of care recipients or 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 does not meet this expected outcome

While the organisation has a continuous improvement system management and staff have not actively pursued improvement activities in relation to standard two Health and Personal care. Improvements have not been made as a result of audits or complaints. Audits have not identified areas of non-compliance with expected outcomes relating to standard two, Health and personal care.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the system to ensure the home complies with legislation and regulations relevant to care recipients' health and personal care. Examples of regulatory compliance with Accreditation Standard Two include:

- The organisation manages the process to ensure the registrations of the registered and enrolled nurses are current. The home has access to the NSW Nurses and Midwives Registration website and the Australian Health Practitioner Regulatory Agency (AHPRA) website to verify current registrations if required.
- The home has a policy and procedures for the notification of unexplained absences of care recipients and maintains a register for recording these absences in accordance with The Accountability Principles 2014.

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 does not meet this expected outcome

Staff and management do not have appropriate knowledge and skills to perform their roles effectively in relation to standard two, Health and personal care. Education has not been provided as a result of identified gaps in audits results and complaints. Staff do not have the skills to provide effective and correct clinical and specialised nursing care, medication management, palliative care, wound management and continence management. Training has not been monitored to ensure staff skills are maintained.

2.4 Clinical care

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

Team's findings

The home does not meet this expected outcome

The home does not always provide appropriate clinical care for care recipients. Reassessment does not occur on a regular basis across all clinical domains and care plans do not always reflect the current care needs and preferences of care recipients. Doctors are not always informed of care recipients' change in condition; and doctor's orders are not always followed up or care provided to care recipients by staff. Care recipients experience unrelieved pain, wounds are not always promptly reviewed; and care recipients experience unrecognised significant weight loss. Staff do not always demonstrate knowledge of care recipients' care needs ensuring that care recipients' clinical care is being met.

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 does not meet this expected outcome

Staff interviews, progress notes, medical notes, pathology, allied health and hospital discharge information does not demonstrate timely referrals for care recipients are arranged with appropriate health specialists as required. Regular review and evaluation of care recipients' care needs and referrals to specialised nursing care is not always carried out by the registered nurse in collaboration with care staff and doctors.

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

Staff interviews, progress notes, medical notes, pathology, allied health and hospital discharge information demonstrates referrals for care recipients are arranged with appropriate health specialists as required. The registered nurse has access to a physiotherapist, podiatrist, speech pathologist, optometry and community clinical nurse consultants. When required, care recipients' medical officers are alerted and consulted. Care recipients and representatives stated care recipients are generally referred to the appropriate health specialists in accordance with care recipients' needs and preferences.

2.7 Medication management

This expected outcome requires that "care recipients' medication is managed safely and correctly".

Team's findings

The home does not meet this expected outcome

Hillside at Figtree is unable to demonstrate that all care recipients' medication is managed safely and correctly. Medications are supplied in unit dose or multi-dose packs, or original packaging from a pharmacy. Review of care recipients' medication profiles show not all information is current. Not all staff who administer medications are assessed according to the home's medication policy through annual skills based assessments or as required.

2.8 Pain management

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

Team's findings

The home does not meet this expected outcome

Not all care recipients are assessed to identify their pain history on entry to the home or following a change in care recipient care needs/condition. Review of documentation identified not all care recipients are repositioned, assisted with movement and exercise, given gentle heat therapy or massage involved in distraction therapy. Not all care recipients say the care provided at the home relieves their pain nor it is managed so they are comfortable.

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 does not meet this expected outcome

The homes systems do not ensure the comfort and dignity of terminally ill care recipients and support for their families and those involved in their care. Documentation and staff discussions show the spiritual, cultural, psychological and emotional needs of care recipients are not considered for care recipients in a timely manner in assessment or care planning. Representatives are informed of the palliation process and the home has communication with representatives, medical practitioners and specialists throughout the palliative care process. Documentation identifies palliating care recipients do not have end of life pathways/palliative plans of care in place to guide staff with individual processes to follow.

2.10 Nutrition and hydration

This expected outcome requires that "care recipients receive adequate nourishment and hydration".

Team's findings

The home does not meet this expected outcome

Care recipients do not receive adequate nourishment and hydration to meet their dietary needs. Documentation identifies dietary assessments are not reassessed when changes to their individual needs occur, including onset of swallowing difficulties, the requirement for special diets and palliating care recipients. Individual preferences are identified on entry to the home, although preferences are not always adhered to. Dietary assessments are not regularly reviewed. Care recipients and representatives express dissatisfaction with the provision of the home's nutrition and hydration systems.

2.11 Skin care

This expected outcome requires that "care recipients' skin integrity is consistent with their general health".

Team's findings

The home does not meet this expected outcome

Care recipient's skin integrity is not consistent with care recipient general health. Skin care documentation is not maintained or current. Skin assessments are not attended or updated as care recipient needs change. Maintenance of skin tears, skin breakdown and required treatments are not always documented, reviewed and noted on wound care charts. Wounds are not attended as directed. Audits identify gaps in staff knowledge. Improvements have not been made following recent audits.

2.12 Continence management

This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings

The home does not meet this expected outcome

The home is unable to demonstrate they have systems for identifying, assessing, monitoring and evaluating care recipients' continence needs to ensure their continence is managed effectively. Care recipients are not always assisted and encouraged to maintain or improve their continence level in a dignified and supportive manner. The home is unable to demonstrate bowel management programs are always monitored daily. While the home's continence supplier provides ongoing advice and some education for staff and care recipients, feedback from identified not all care recipients and representatives are satisfied with the continence care provided to care recipients.

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 does not meet this expected outcome

The home is unable to demonstrate the needs of care recipients with challenging behaviours are managed through consultation between the care recipient and/or representative, staff, medical officers and allied health professionals. The care recipients' challenging behaviours are not always monitored and recorded. Staff are able to recognise the triggers and early warning signs exhibited by some care recipients but are not always able to put in place appropriate strategies to manage behaviours. Care recipients' and representatives expressed concerns about some of the care recipients who have 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 does not meet this expected outcome

The home is unable to demonstrate that all care recipients are assisted to maintain their mobility, dexterity and independence for as long as possible. Not all clinical assessments are completed on entry to identify the assistance required by care recipients for transferring and mobility. Care recipient's mobility status and falls risk are not always assessed by a registered nurse or physiotherapist when the care recipient needs change.

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. Care recipients' dental needs are identified through assessment and consultation with the care recipient and representative on a care recipients' entry to the home and as their needs change. Appropriate dental health is planned and staff are informed of the care recipients' needs. The care recipient's medical officer is consulted if there are any needs and a referral may be made to a specialist and/or a dentist for further assessment or treatment. Ongoing care needs are identified through care recipients' feedback and staff observation. Care recipients are encouraged to maintain their oral and dental health with staff providing physical assistance and prompts where necessary. Care recipients and representatives said they are generally satisfied with the oral and dental care provided to them.

2.16 Sensory loss

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

The home assesses care recipients’ eyesight and hearing initially on entry and on an ongoing basis. Other sensory assessments for touch, smell and taste are undertaken when assessing care recipients’ nutritional needs, dexterity and interest in activities. The home’s activity program features activities to stimulate care recipients’ sensory functions. Staff described types of group and individual activities which encourage active participation from care recipients with sensory deficits. Staff said they employ various strategies to assist care recipients with sensory deficits. These include positioning, utilising and adapting materials and equipment to enhance care recipients participation, adapting the environment to ensure it is conducive to maximising care recipients’ enjoyment and participation in the chosen activity. Care recipients and representatives generally said they are satisfied with the home’s approach to managing care recipients’ sensory losses.

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 most care recipients to achieve natural sleep patterns through a sleep assessment, care planning, choice of time for going to bed and rising, and staff support at night. Staff are able to explain the various strategies used to support care recipients’ sleep. For example: offering warm drinks or snacks, appropriate pain and continence management, comfortable bed, repositioning and night sedation if ordered by the medical officer. Care recipients can use the nurse call system to alert the night staff if they have difficulties in sleeping. However, response times to call bells is an issue at the home. Most care recipients and representatives are satisfied with the home’s approach to care recipients’ 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

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

- In 2016 an attractive page of information “this is me” provides a snapshot of personal detail about the care recipient and is maintained in bedrooms. The information includes what makes them happy or sad. We were told this document assists staff to have meaningful conversations with care recipients and divert them if needed.
- There has been an increase in lifestyle staff hours. Bus outing have increased with the introduction of a shopping trip. A bus with a hoist has been hired to provide greater access to care recipients with mobility issues.
- The executive manager has commenced attending care recipient meetings to meet care recipients and address issues.
- Following care recipient feedback a televised colour menu screen has been stationed in care recipient dining rooms.

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 organisation has systems in place to identify regulatory and legislative changes. Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Examples of regulatory compliance with Accreditation Standard Three include:

- Care recipients are to be offered a residential care agreement that includes security of tenure and the care and services that are to be provided and meet the requirements of The Aged Care Act 1997 and The User Right principles 2014. The agreement has been updated to include changes to legislation on 1 July 2014 in relation to rates and accommodation bonds.
- The home has a policy and procedures for the mandatory reporting of alleged and suspected assaults and maintains a consolidated register of these incidents.
- The Charter of Care Recipients’ Rights and Responsibilities is displayed in the home.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively. Example of education and training attended by staff relating to Accreditation Standard Three includes:

- In 2016 105 staff completed online elder abuse training.
- A toolbox talk was held on privacy and dignity recently. Records provided demonstrate only four staff attended this training.
- The lifestyle team leader has just commenced a certificate four course in mental health, aged care. She has also completed (and management supported her) a certificate four course in Health and leisure.

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

There are systems to ensure each resident receives initial and ongoing emotional support through the entry and care review processes. These include the provision of a care recipients' handbook, assessment of cultural and spiritual needs, care planning, case conferences and evaluation of the care provided. Families and friends are encouraged to visit and are made to feel welcome in the home. Care recipients are encouraged to personalise their room to help create a homelike atmosphere. Staff provide care recipients with emotional support, including one-to-one interaction by care and leisure/lifestyle staff. Care recipients and representatives stated care recipients receive support upon moving into the home and afterward, including times of personal crisis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to maintain their independence. Care recipients' preferences and abilities in relation to a range of activities of daily living and lifestyle are identified and documented in care plans and are included in the activity program. The activities program is designed to promote independence and community participation as well as encouraging friendships between care recipients. Care recipients' bus trips are regularly scheduled and care recipients are encouraged to participate in life outside the home. Light exercise and walking programs are encouraged to assist with maintaining mobility and independence. Staff also assist and encourage care recipients to participate in decision-making in relation to health care choices and their personal care. Care recipients/representatives spoke positively of the assistance provided by the home to achieve maximum independence, maintain friendships and participate in 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 does not meet this expected outcome

Care recipients' right to privacy, dignity and confidentiality has not been recognised or maintained. Insufficient staffing has negatively impacted on maintenance of care recipient dignity. Staff and /or contractors do not always respect care recipient's right to privacy and/or maintain their dignity.

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

Hillside at Figtree provides a varied lifestyle program which includes input from care recipients about activities and outings of interest to them. The program includes walking groups, café, concerts, craft sessions, bingo, cards, football tipping, movies and bus trips. Special functions are held to celebrate national and religious days; and care recipients celebrate their birthdays or other anniversaries according to their wishes. Care recipients and representatives are satisfied with the lifestyle program provided at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has a system to promote care recipients' individual interests and to ensure their customs, beliefs and cultural and ethnic backgrounds are fostered and respected. On entry to the home each care recipient's cultural and spiritual needs are identified and documented, and there is a process for regular review. Multi-denominational church services are available for care recipients who choose to attend. Staff demonstrate they know and understand the needs of care recipients from diverse cultures. The lifestyle coordinator arranges various multicultural days every month for the care recipients enjoyment. Management evaluate the effectiveness of practices to foster care recipients' cultural and spiritual needs. Care recipients and representatives are satisfied with the way staff value and support their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Care recipients are supported by management and staff to make informed decisions about their care and lifestyle. This includes personalisation of their room with memorabilia, moving in appropriate pieces of furniture from their home and decoration of their room with pictures and photographs. Care recipients choose their daily routines including attendance at the lifestyle program, meal choices, settling and waking times and outings. Authorised representatives are identified to make decisions on behalf of care recipients unable to act for themselves. Care recipients and representatives are satisfied with the choices available for care recipients about their care and lifestyle.

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. All care recipients are offered a residential agreement and handbook which outlines security of tenure, fees and charges, care and services, care recipients' rights and complaints resolution processes. Management informed us any proposed room changes within the home are discussed and agreement reached prior to any moves being undertaken. Care recipients and representatives understand their rights and said staff respect them.

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

- A new maintenance supervisor has been recruited to improve maintenance systems on the site. The new maintenance supervisor has a background in building and staff and care recipients said he has been a good improvement to the team.
- An evacuation mat has been purchased to improve evacuation for care recipients with impaired mobility.
- The kitchen floor has been resurfaced to improve work health and safety and infection control management.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure compliance with legislation and regulations relevant to the physical environment and safe systems. Examples of regulatory compliance with Accreditation Standard Four include:

- Compliance with legislation regarding the routine inspection of the fire alarm, fire sprinkler system and fire-fighting equipment
- NSW Food Authority requirements for a food service, including food safety audit and licence.

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 does not meet this expected outcome

Management and staff do not have appropriate skills and knowledge to perform their roles effectively. Staff have not completed compulsory education and training and skills have not been assessed. Orientation has not occurred for all new staff. Records have not been maintained or monitored. Training has not occurred as a result of audit results. Staff were not able to identify recent training other than the computerised information management system.

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 does not meet this expected outcome

The home does not have systems and processes to ensure a safe and comfortable environment consistent with care recipients' needs. Several care recipients do not feel safe in the home due to unmanaged behaviour impacting on them. Physical restraint is not managed to minimise risk and ensure consent is provided. Staff do not have skills to ensure safety is maintained.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home's management and staff work to provide a safe working environment that meets regulatory requirements. Work health and safety issues are discussed at the regular work health and safety committee with relevant matters referred to management if required. The organisation has a system which manages workplace safety including the return to work program for injured staff. A program of environment audits is conducted by staff to monitor workplace safety. Staff members interviewed on this topic explained their knowledge on safe work practices and said they receive training to support them in ensuring a safe working environment.

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 are systems to provide an environment and safe systems that minimise fire, security and emergency risks. The home has emergency and fire evacuation procedures and is equipped with an emergency warning system, firefighting equipment, extinguishers and fire blankets, all of which are regularly checked and maintained by external contractors. The home has current fire safety certification and is fitted with a sprinkler system; there is a disaster management plan. Security measures include sign in/out registers, keypad access/exit within the home, after hour's security and lock up procedures, emergency response flip charts, and outdoor lighting.

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 infection control and surveillance program. The home has systems to document, monitor and review the level of infections within the home. Observations generally confirm staff practice to reduce cross infection such as the use of hand washing facilities, personal protective and colour-coded equipment. The home has a food safety program and received an A rating in their recent food authority audit. The home has systems to document,

monitor and review the level of infections within the home. Observations confirm inconsistent staff practice to reduce cross infection such as the use of hand washing facilities, personal protective and colour-coded equipment. Care recipients and staff are offered vaccinations.

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 does not meet this expected outcome

The home's hospitality services are not provided in a way that enhances care recipients' quality of life and the staff's working environment. Most care recipients report dissatisfaction with aspects of the food service. Long standing catering issues have not been resolved. The cleaning is carried out according to a schedule and the home was observed to be clean and free from malodour. Personal clothing and linen is regularly changed and laundered according to a schedule. The cleaning is monitored through audits, surveys, meetings and the feedback mechanisms of the home. Care recipients and representatives said they are satisfied with the cleaning and laundry services.