

Marco Polo Aged Care Facility

RACS ID: 0560

Approved provider: Marco Polo Aged Care Services Limited

Home address: 70 Waples Road UNANDERRA NSW 2526

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| Following an audit we decided that this home met 30 of the 44 expected outcomes of the Accreditation Standards. This home remains accredited until 31 October 2018.  The assessment team found that the home did not meet 1.2 Regulatory compliance; however the Quality Agency decision-maker found this home does meet the expected outcome.  We made our decision on 05 April 2018.  The audit was conducted on 01 March 2018 to 14 March 2018. 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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement Not 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

### 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 Not met

2.2 Regulatory compliance Not met

2.3 Education and staff development Not met

2.4 Clinical care Not 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 Not met

2.9 Palliative care Met

2.10 Nutrition and hydration Met

2.11 Skin care Not met

2.12 Continence management Met

2.13 Behavioural management Not 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: 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 Not 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 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 Met

4.2 Regulatory compliance Met

4.3 Education and staff development Met

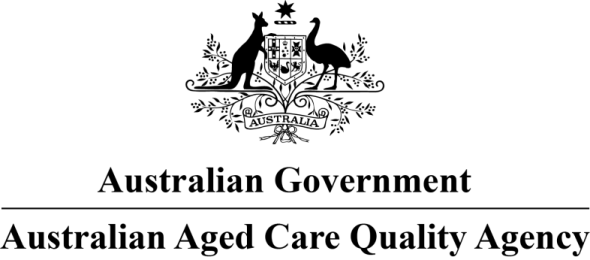
4.4 Living environment Not met

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



Audit Report

Name of home: Marco Polo Aged Care Facility

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# Introduction

This is the report of a Review Audit from 01 March 2018 to 14 March 2018 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:

* 29 expected outcomes

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

* 1.1 Continuous improvement
* 1.2 Regulatory compliance
* 1.6 Human resource management
* 1.8 Information systems
* 2.1 Continuous improvement
* 2.2 Regulatory compliance
* 2.3 Education and staff development
* 2.4 Clinical care
* 2.8 Pain management
* 2.11 Skin care
* 2.13 Behavioural management
* 3.2 Regulatory compliance
* 3.6 Privacy and dignity
* 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 01 March 2018 to 14 March 2018.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three 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: 185

Number of care recipients during audit: 164

Number of care recipients receiving high care during audit: 149

Special needs catered for: 13 bed dementia specific unit

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Care recipients/representatives | 27 |
| Acting facility manager | 1 |
| Care managers | 2 |
| Organisational senior managers | 3 |
| Registered nurses | 5 |
| Team leaders | 7 |
| Care staff | 8 |
| Contracted physiotherapists | 2 |
| Physiotherapy aide | 1 |
| Recreational team leader | 1 |
| Organisational human resources staff | 2 |
| Organisational clinical educator | 1 |
| Manual handling champions | 1 |
| Infection control officer | 1 |
| Maintenance manager/fire officer | 1 |
| Maintenance staff | 2 |
| Contracted catering personnel – on-site and organisational | 7 |
| Housekeeping manager | 1 |
| Contracted cleaning personnel | 3 |
| Laundry staff | 3 |
| Accountant | 1 |
| Personal assistant to the organisational manager | 1 |
| Administration assistant | 1 |
| Volunteers | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipient clinical records | 43 |
| Care recipient medication records | 11 |
| Care recipient warfarin charts (order and administration) | 6 |
| Care recipient agreements | 4 |
| Staff personnel files | 12 |
| Team leader medication competency assessments | 5 |
| Contract agreements (contractors) | 5 |
| Service agreements (allied health) | 5 |
| Hazard reports (maintenance) | 6 |

## Other documents reviewed

The team also reviewed:

* Call bell response time report
* Care recipient allocated chairs list; care recipient bedrails list; care recipient manual handling lists (at nurses’ stations)
* Care recipient list and handover reports
* Care recipient records: admission details, advanced care directive, adverse event reports, assessments, care plans and directives, palliative care documents, consent forms, dietary requirements, monitoring records, progress notes, reports, hospital discharge papers, guardianship records, post falls review form, wound charts
* Catering records including site specific food safety plan, refrigerator temperatures, dishwasher logs, cleaning schedule, received food logs, food temperatures logs, care recipient diet sheets/dietary cards; New South Wales Food Authority certificate (to November 2018)
* Cleaning position descriptions, cleaning schedules, and cleaning audits by contracted company
* Consolidated record of reportable incidents
* Consumer experience report with care recipient/representative feedback from Assessment Contact on 28 February 2018
* Continuous quality improvement plan; continuous improvement forms (compliments, suggestions and complaints) and related records; complaints handling information on universal serial bus (USB); dining areas feedback books; ‘implementation of outcomes’ report in response to Aged Care Complaints Commissioner complaint
* Education records: staff training needs survey; education calendar 2018; education attendance sheets; education evaluation forms; education session summary reports; mandatory training tracker and MANAD reports; competency assessment completion tracking lists/registers, including roster release record; competency assessment tools; quizzes
* Equipment specifications sheets; safety data sheets; hazardous substances register; work, health and safety information for external contractors
* Fire services protocol
* Handbooks: residents, staff and volunteers
* Human resource management records: aged care funding instrument calculator; staff list; staff replacement log; staff rosters; staff newsletters; staff memoranda
* Infection prevention and control records: influenza vaccination registers (care recipients and staff); line reporting influenza outbreaks July and September 2017
* Laundry procedures, duty sheets, material safety data sheets, clothes and mop washing schedules
* Leisure and lifestyle records: admission schedule of tasks; activity calendars; individual activity plans and evaluations; activity lists; outing risk assessments; activity and event celebration photographs
* Maintenance records: planners for proactive maintenance, test reports (water- thermostatic testing and temperature, pest control); reactive maintenance electronic records and completed actions log
* Medication documentation: anticoagulant directive and record, insulin directive and blood glucose records, medication care plans, medication charts, electronic medication signing system, nurse initiated medication list, medicated patch check forms, syringe driver monitoring, medication refrigerator temperature monitoring, emergency medication stock register, pharmacy forms, ward drugs of addiction registers
* Meeting agenda and minutes: organisational managers meeting; organisational quality committee; falls committee; learning and development planning; medication advisory committee; recreational activity team; registered nurses/team leaders; residents/relatives; also terms of reference for quality committee; managers key performance indicator report to the board; and draft action plan for management development day (February 2018)
* Police certificates (staff, allied health professionals, agency nurses, contractors, catering services, cleaners and volunteers)
* Policies, procedures, flow charts, charts and related resources; new reportable incident flow chart and interim incident report
* Professional registrations, including staff and allied health professionals
* Quality records: internal audit results and related records; clinical indicator monthly data collation and graphing; external benchmarking program quarterly reports; care recipient/representative survey completed questionnaires – internal and external; adverse event summary reports
* Refurbishment/rebuilding plans documentation
* Regulatory compliance folder
* Restraint folders

## Observations

The team observed the following:

* Archiving store rooms
* Cafeteria in operation
* Call bell system in operation; duress alarms
* Care recipient exercise class and one to one physiotherapy interactions, entertainment and activities in progress; lifestyle resources
* Care recipient meal and beverage services; representatives assisting care recipients during meals
* Care recipients utilising pressure relieving and limb protection equipment; sensor mats and crash mats in use; use of bedrails on care recipient beds, some with bedrail protectors
* Clinical handover
* Clinical waste bins, which were secured for safety
* Closed circuit television (CCTV) cameras and monitors
* Equipment and supplies, including all storage areas; restocking of storage areas around the home
* Fire panels, smoke doors, fire safety certificates (two), emergency evacuation diagrams/and evacuation point
* Interactions between staff; interactions between staff, visitors and care recipients
* Laundry personal items being distributed throughout the home
* Living environment - internal and external; as context for this report, Marco Polo Aged Care Facility consists of:
* The two storey Cordeaux Lodge accommodating up to 68 care recipients. Cordeaux Lodge has single rooms with ensuite bathrooms. While those who have been assessed under the aged care funding instrument are all classified as high care, management advise care recipients in this part of the facility have lower care needs.
* Magnolia, a secure dementia specific wing, within Cordeaux Lodge accommodating up to an additional 13 care recipients. Magnolia has single rooms with ensuite bathrooms.
* The single storey Unanderra Care split into two wings – St Lukes and St Johns, each accommodating up to 43 care recipients. Unanderra Care has a combination of single, double and four bed rooms with shared bathrooms, mostly located in separate bathrooms accessed from the corridor. Management advise care recipients in this part of the facility have higher care needs.
* Medication administration round
* Mobile dental clinic attending home on 7 March 2018
* Notices, posters, brochures/pamphlets, forms and other information on display for staff, care recipients and representatives – including Quality Agency visit notices, Charter of Care Recipients’ Rights and Responsibilities (English and Italian), Aged Care Complaints Commissioner brochures (community languages); and locked suggestion box
* Small group observation in Magnolia
* Staff rooms (with work, health and safety noticeboard) and staff work areas (with whiteboard information on special diets)

# 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 does not meet this expected outcome

The organisation is not actively pursuing continuous improvement. Oversight of quality data to drive continuous improvement and maintain compliance is not effective. Audit and clinical indicator practices and tools are not effective for self-assessment as they have not assisted in identifying all gaps in performance. Improvement has not been demonstrated in relation to some poor audit and clinical indicator results. The quality surveyor team is recommending 14 other expected outcomes under the Accreditation Standards are Not Met.

### 1.2 Regulatory compliance

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

#### Team’s findings

The home does not meet this expected outcome

The organisation’s management does not have systems in place to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Although the organisation’s regulatory compliance framework includes policies and procedures identifying requirements, implementation has not been effective to ensure compliance. In Accreditation Standard One procedures for maintaining currency of police certificates are ineffective. The organisation’s monitoring processes have not assisted in identifying this systems gap.

### 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

Management and staff have appropriate knowledge and skills to perform their roles effectively in most areas. A planned approach is taken to education programming, including via training needs analysis and development of an annual calendar. There is a program of mandatory training and competency assessment, however this is not being effectively monitored and not all management and staff have participated. Staff are being supported to access a range of other training and resources, at the home and externally, which is relevant to their role. Evaluation of education sessions is being undertaken. Staff are satisfied with the education provided to them. Care recipients/representatives who were asked whether staff know what they are doing, said that they do.

### 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

Internal and external complaint mechanisms are promoted to each care recipient, their representative, staff, and other key stakeholders. Information about how to make a suggestion or raise a concern is in policy/procedure, handbooks, the resident agreement, and reminders are given at resident/relative meetings. Feedback forms are accessible and there is a suggestion box for confidential lodgement. Staff are familiar with the procedure for dealing with complaints. Care recipients/representatives are accessing the complaint mechanisms. One care recipient/representative said their complaints are not dealt with satisfactorily.

### 1.5 Planning and leadership

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

#### Team’s findings

The home meets this expected outcome

The organisation’s vision, values, philosophy, objectives and commitment to quality have been documented. This information is conveyed to staff and volunteers at induction, via policy and procedure, and in handbooks. This information is conveyed to care recipients and representatives via key documents given to them.

### 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

There is not appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards. Some negative feedback was provided to the Quality Agency’s surveyors by some key stakeholders about staffing, care delivery and related issues. Some negative feedback has been provided to the home by key stakeholders about staffing and related issues. Some calls for assistance from care recipients are not being answered in a timely manner. There are other gaps in human resource management processes which exist as part of the home’s system to support the delivery of a skilled and qualified workforce.

### 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 demonstrated it has a system in place for ordering appropriate goods and equipment. This is monitored at both organisational and home level. Auditing processes by key staff with designated authority to do so ensure ordered stock is appropriate for use in the home, is useable and matches what was ordered. Systems were seen to be used to return goods which were unsuitable, faulty or below the required standard (such as fresh food supply). A review and observation of inventory and equipment showed adequate supplies and appropriate storage including a system, where required, of stock rotation and when goods need to be replenished or replaced. Care recipients/representatives expressed their satisfaction with the sufficiency of and access to appropriate 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

Effective information management systems are not in place. Management systems documentation is not complete and up-to-date, including the continuous improvement plan, complaints management documentation, and consolidated record of reportable incidents. Processes are not in place to ensure staff and volunteer documentation is up-to-date, including in relation to criminal history record clearance checks. Clinical and care documentation to guide staff in delivering care to care recipients is not comprehensive or up-to-date. Care recipient documentation is not always being kept secure for confidentiality.

### 1.9 External services

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

#### Team’s findings

The home meets this expected outcome

The organisation has a range of long term contractors used across both of the organisation’s homes. External services are provided in a way which meets the needs of the service and care recipients. Contractors are used to support maintenance, catering, cleaning, allied health, clinical supplies and chemical supplies.The organisation’s accountant monitors contracts to ensure they meet legislative requirements such as insurances, indemnities, qualifications and registrations. There is a system and process to monitor quality of the work conducted. Key staff were able to speak to how this is applied such as in the catering and maintenance areas. Staff and care recipients/representatives said they are confident in raising any concerns regarding the quality of the external services.

## Standard 2 – Health and personal care

### Principle:

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

### 2.1 Continuous improvement

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

**Team’s findings**

The home does not meet this expected outcome

The organisation is not actively pursuing continuous improvement in relation to Accreditation Standard Two. Refer to expected outcome 1.1 Continuous improvement for information about the system to support continuous improvement being ineffective. The quality surveyor team is recommending other expected outcomes under Accreditation Standard Two are Not Met.

### 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 does not meet this expected outcome

The organisation’s management does not have systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines for Accreditation Standard Two. Refer to expected outcome 1.2 Regulatory compliance for information about the system to support regulatory compliance being ineffective. A mandatory notification has not been made in relation to a lost prescribed restricted substance. Schedule eight medications are not being managed correctly. Restraint practices are inconsistent with aged care guidelines and the home’s own procedure.

### 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

Management and staff do not have appropriate knowledge and skills to perform their roles effectively in relation to Accreditation Standard Two. It has not been demonstrated all clinical and care staff are competent in manual handling. Manual handling incidents are occurring resulting in injury to care recipients. It has not been demonstrated clinical and care staff are competent to meet care recipients’ health and personal care needs. There are significant gaps in health and personal care outcomes for care recipients.

### 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

Care recipients are not receiving appropriate clinical care. Care plans do not reflect care recipients’ current condition or care needs. Care recipient accidents/incidents (known as ‘adverse’ events at this home) are not consistently managed well, investigated to identify the cause or actioned to prevent recurrence. Adverse event reports are not being closed out in a timely manner. The quality surveyor team found examples of care recipients’ care needs not being met. The home’s monitoring systems have not been effective in identifying these gaps in clinical care. Some care recipients/representatives are not satisfied with the care provided to care recipients.

### 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

Care recipients' specialised nursing care needs are identified through assessment processes on entry to the home. Care is generally planned, managed and delivered by appropriately qualified staff. This information, together with instructions from medical officers and health professionals, is usually documented in the care plans. Staff have access to specialised equipment, information and other resources to ensure care recipients' needs are met. Most care recipients and representatives interviewed are satisfied with how care recipients' specialised nursing care needs are managed.

### 2.6 Other health and related services

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

#### Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Health specialist directives are communicated to staff and documented, and care is usually provided consistent with these instructions. Staff support care recipients to attend external appointments with health specialists. Care recipients and representatives interviewed stated they are satisfied referrals are made to appropriate health specialists of their choice.

### 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

There are processes aimed at ensuring adequate supplies of medication are available and that medication is stored securely and correctly. Medical officers prescribe and review medication orders, these are dispensed by the pharmacy service and there are mechanisms for urgent medication supplies. Documented medication orders guide staff when administering or assisting with medications. Procedural guidelines provide clarification surrounding safe medication practices. Medication adverse events are being actioned. Staff who administer or assist with medications receive education on most relevant topics. Care recipients and representatives interviewed are satisfied care recipients' medications are provided as prescribed.

### 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

All care recipients are not as free as possible from pain. The organisation’s guidance for staff in relation to pain management is unclear, and staff are not following procedures for monitoring care recipients’ pain as expected by the care managers. Pain is not being monitored and/or managed effectively. The home’s physiotherapy care plans include heat packs as an intervention for pain management, but this treatment is not occurring for care recipients in Unanderra Care. The home’s monitoring systems have assisted to identify gaps in pain management, however actions taken to bring about improvement have not been effective. Some care recipients reported to the quality surveyor team they experience pain, which is not well managed.

### 2.9 Palliative care

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

#### Team’s findings

The home meets this expected outcome

The home has processes to identify and manage care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or representative to identify end of life care wishes and this information is documented in an end of life plan. The home uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. There is a supportive environment, which provides comfort and dignity to the care recipient and their representatives. A larger room dedicated for palliative care is available to meet the increased care and emotional support needed when a care recipient’s clinical decline occurs. Referrals are made to medical officers, palliative care specialist teams and other health specialist services as required. Staff practices are monitored to ensure the delivery of palliative care is in accordance with the end of life plan. Staff follow end of life plans and respect any changes, which may be requested.

### 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

Care recipients' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry. Care recipients' ongoing needs and preferences are generally being monitored and reassessed*.* There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and identify those care recipients who are at risk of malnutrition or dehydration. The home provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. Staff have an understanding of care recipients' needs and preferences including the need for assistance, texture modified diet or specialised equipment. Staff practices are monitored to ensure nutrition and hydration needs are delivered in accordance with care recipients' needs. Care recipients/representatives interviewed are generally satisfied care recipients' nutrition and hydration requirements are met.

### 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 recipients’ skin integrity is not consistent with their general health. Skin injury prevention is not effective and care recipients’ skin is at risk of injury and/or is being injured. Care recipients’ wounds are not being managed effectively. This includes that wounds are not being evaluated to assist in monitoring progress with wound healing. The home’s monitoring systems have not been effective in identifying these gaps. Some care recipients/representatives raised concerns with Quality Agency surveyors about skin injury occurring to care recipients.

### 2.12 Continence management

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

**Team’s findings**

The home meets this expected outcome

Care recipients' continence needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan. Care staff have an understanding of individual care recipients' continence needs. Changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. Equipment and supplies such as continence aids are available to support continence management. The home's monitoring processes identify opportunities for improvement in relation to continence management; this includes the collection and analysis of data relating to infections. Staff are conscious of care recipients' dignity while assisting with continence needs. Care recipients/representatives interviewed are satisfied with the support provided to care recipients in relation to continence management.

### 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 needs of care recipients with challenging behaviours are not managed effectively. Restraint authorities and procedures are not always followed in alignment with the organisation’s policies or government guidelines. Incidents of aggression by care recipients to others are not being followed up in a timely manner to prevent recurrence. Behavioural clinical monitoring often lacks information about possible triggers for challenging behaviours and interventions taken. Where behavioural clinical monitoring provides useful information it is not being used to inform strategies to prevent and manage care recipients’ challenging behaviours. Some care recipient representatives say the behaviours of other care recipients’ impact on their relative.

### 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

Care recipients' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Initial and ongoing assessments are undertaken by a physiotherapist and registered nurses. Bedside mobility information is updated immediately when a change occurs and that information is not always consistent with care plans. Management collates some falls data and analyses falls in more detail on a monthly basis at a falls committee meeting*.* Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Associated programs are delivered by appropriately skilled staff, consistent with the care plan. Care recipients and representatives interviewed are generally satisfied with the support provided for achieving optimum levels of mobility and dexterity.

### 2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

**Team’s findings**

The home meets this expected outcome

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Care strategies are documented on the care plan. The home's monitoring processes include reviewing each care recipient each month through ‘resident of the day’ checklists and consultation. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care and where necessary referrals are made to health specialists such as dentists including a dental van service that provides access to a dentist at the home. Care recipients and representatives interviewed are satisfied with the assistance given by staff to maintain care recipients' teeth, dentures and overall oral 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

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual sensory loss support needs and preferences. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or request and are assisted to attend appointments as required. Staff receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipients' needs. Care recipients and representatives interviewed are satisfied with the support provided to manage care recipient sensory needs.

### 2.17 Sleep

This expected outcome requires that “care recipients are able to achieve natural sleep patterns”.

**Team’s findings**

The home meets this expected outcome

Care recipients' sleep patterns, including settling routines and personal preferences, are identified through assessment processes on entry. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep; where appropriate medical officers are informed of sleep problems. The environment is optimised to ensure it supports natural sleep and minimises disruption. Environmental and clinical monitoring processes identify opportunities for improvement in relation to sleep management. Staff support care recipients when normal sleep patterns are not being achieved. Care recipients and representatives interviewed are satisfied support is provided to care recipients, and they are usually assisted to achieve natural sleep patterns.

## Standard 3 – Care recipient lifestyle

### Principle:

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

### 3.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

##### The organisation actively pursues continuous improvement in relation to Accreditation Standard Three. While the organisation’s system to support continuous improvement overall is ineffective, there is strong evidence of an improvement culture to enable care recipients to exercise choice, to maintain their culture and spirituality, and to enjoy leisure and participate in recreational activity. There are weaknesses in the home’s systems for monitoring regulatory compliance relating to elder abuse/compulsory reporting and the maintenance of care recipient privacy and dignity.

##### Examples of improvement initiatives in relation to Accreditation Standard Three are:

* In November 2017 it was identified that a care recipient living in Cordeaux Lodge, who likes to walk freely and often, was at risk of leaving the home unbeknown to staff and becoming lost. To monitor the care recipient’s whereabouts and maintain their independence, a device with global positioning system technology was purchased. The care recipient now wears the device and there have not been any incidents where they have left the home and been unaccountably absent.
* In September 2017 a visiting priest made a suggestion that a public address (PA) system was needed so that all care recipients attending Holy Mass could hear the service. This was organised and the PA system made available in January 2018. Management report feedback by way of the visiting priest is that this is appreciated by the care recipients.
* There are plans to change the approach to the planning and delivery of activities across the facility. Currently there are separate calendars and recreational activity offers work in particular areas of the facility. The executive care manager and recreational activity team leader explained they are working towards having one calendar across the facility and utilising recreational activity staff to deliver activities they are most skilled at no matter which area of the facility the activity is scheduled to take place in. There have been discussions with the recreational activity team about this at meetings. In February 2018 recreational activity staff have begun working on personal profiles to identify their strengths and weaknesses so that this information can be used to inform activity program planning into the future.

### 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 does not meet this expected outcome

The organisation’s management does not have effective systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines under Accreditation Standard Three. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s system for regulatory compliance. Staff are not identifying and escalating all incidents of suspected or actual elder abuse to management. Care recipient to care recipient assaults, and allegations of staff rough handling of care recipients, have not been identified, investigated, managed and reported as elder abuse incidents where necessary. The consolidated record of elder abuse incidents is not being kept up-to-date.

### 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

Management and staff have appropriate knowledge and skills to perform their roles effectively in most areas relevant to Accreditation Standard Three. Refer to expected outcome 1.3 Education and staff development for information about the home’s overall system for staff education and development. Education delivered in 2017 and 2018 to date in relation to Accreditation Standard Three includes: creative engagement program workshops; and elder abuse/compulsory reporting, person centred care: it’s my choice, and sexuality and ageing training. Recreational activity staff also have access to information resources to support learning and development relevant to their duties. Elder abuse/compulsory reporting training and privacy and dignity training is mandatory for staff in 2018 and the need for this is consistent with the quality surveyor team’s findings.

### 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 processes to ensure each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. Care recipients are provided with a welcome pack, orientation to the home and additional support when they move in to help them settle in the new environment. Each care recipient’s emotional support needs are identified through assessments. Staff observe and report changes in a care recipient’s emotional state and this is followed up by registered nurses with involvement by medical officers. A pastoral carer, pastoral lay persons and other volunteers visit to provide extra emotional support to care recipients. Most care recipients and representatives are satisfied with the emotional support provided to care recipients, however two say if the care recipient is feeling a bit sad or worried there are not staff who they can talk to.

### 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

There are processes to support care recipients to maintain their independence. Strategies for supporting care recipient independence are identified in assessments with consideration given to any associated risks. An occupational therapist and physiotherapist are available to undertake functional assessments of care recipients as needed and make recommendations to support their independence. There are group and individual exercise programs to support care recipients to maintain mobility and dexterity for independence. Care recipients, where relevant, are encouraged to be independent with activities of daily living. Family and friends are welcome to visit care recipients at the home. Representatives of community and cultural groups spend time with care recipients at the home. While most care recipients/ representatives say staff encourage care recipients to do as much as possible for themselves, one said they do not.

### 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

Each care recipient’s right to privacy, dignity and confidentiality is not being recognised and respected. Some care recipients/representatives have provided feedback that the living environment does not support privacy, and the quality surveyor team observed equipment and supplies stored in care recipient rooms. The quality surveyor team heard and observed some practices by staff that do not support care recipient privacy and dignity. Care recipient privacy and dignity assessments are not all in place or up-to-date with care recipients’ preferences. Care recipient records are not all kept secured for confidentiality.

### 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 are encouraged and supported to participate in a wide range of interests and activities of interest to them. Information about each permanent care recipient’s life and current interests is gathered when they move into the home and is updated on an ongoing basis. A leisure and lifestyle care plan is then developed for them and is evaluated at least third monthly. Recreational activity staff work Monday to Sunday implementing monthly calendars for each area of the facility in accordance with activity plans. The calendars include activities which are physical, intellectual and sensory in nature, and include celebrations, entertainment and outings. Staff and volunteers provide one on one support to care recipients who are identified as needing this. Attendance records are kept and regular activity evaluations and satisfaction surveys are undertaken. This information is used to adjust activity calendars so they remain relevant to the needs and interests of the care recipients. Care recipients/representatives say care recipients enjoy participating in the activities and events offered 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

Care recipients’ individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. A social history and leisure and lifestyle assessment is undertaken for care recipients who move into the home on a permanent basis. These include information about language, culture and spirituality, and information is in relevant care plans about related preferences and needs. Staff facilitate regular gatherings for care recipients from particular cultural backgrounds, and they organise celebrations for cultural and religious days of significance throughout the year. Religious observance is supported by holding regular services for various denominations and through prayer and hymn singing groups. Staff come from diverse cultural backgrounds and many are able to communicate with care recipients in their first language, however an interpreting service and communication aids are also available as needed. Care recipients/representatives say their wishes and needs in relation to culture and religion are well supported.

### 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

Management and staff aim to ensure each care recipient or their representative participates in decisions and is supported to exercise choice and control. Care recipients and representatives are given information via a handbook and resident agreement; and are given information and are consulted during ‘resident of the day’ contact and at resident/relative meetings. This supports them to make choices, which are generally documented in care recipient assessments. Care recipients/representatives informed us they make choices in relation to medical officer to attend the care recipient, some activities of daily living, and involvement in activities and events. A person responsible/substitute decision maker is identified for each care recipient, as relevant, to ensure that authorised persons are making key decisions.

### 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

Management at the home demonstrated care recipients and their representatives have been provided with information about security of tenure and understand care recipients’ rights and responsibilities. A review of agreements demonstrated these outline security of tenure. Potential care recipients, representatives and key staff discuss the contents of the agreement before the care recipient becomes a resident in the home. Any change of room is only in consultation with the care recipient and/or their designated representative and after seeking their agreement to the change. The Charter of Care Recipients’ Rights and Responsibilities is displayed around the home and in documentation where relevant. Care recipients said they feel secure in the home and understand 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

The organisation actively pursues continuous improvement in relation to Accreditation Standard Four. While the organisation’s system to support continuous improvement overall is ineffective, there is evidence of an improvement culture to support occupational health and safety, fire safety and emergency responses, infection control, cleaning of the living environment and laundry service delivery. Performance monitoring systems are in place for living environment and food service delivery, and management is working to bring about improvements in both of those areas. The need for this to occur is consistent with the quality surveyor team’s findings.

Examples of improvement initiatives relevant to Accreditation Standard Four are:

* In July 2017 staff provided feedback that it would be beneficial to have shelving in the common bathrooms to store care recipient items, such as toiletries, and to keep towels, clothing et cetera off the floor and dry. This was organised and work was completed in October 2017. Positive feedback was received from staff about this.
* In April 2017 staff suggested having the bins used to dispose of incontinence aids on wheels for ease of transporting them to the main bins for emptying. This was organised in May 2017 and has reduced manual handling by staff to support their health and safety.
* Around October 2017 staff and care recipient feedback prompted management to purchase and introduce additional refreshment options in a cold drinks machine, and a coffee machine for staff and care recipients to use. Management stated these are both being used quite well, and feedback has been positive.

### 4.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

The organisation’s management demonstrated it has systems to identify and ensure compliance with legislation and regulatory requirements, professional standards and guidelines relevant to Accreditation Standard Four. Management, staff and other stakeholders are informed about regulatory compliance under Accreditation Standard Four from a number of sources including; a peak body, industry forums and newsletters, the Department of Health, the Australian Aged Care and Quality Agency, and New South Wales Food Authority. The home has a current fire certificate and NSW Food Authority certificate. Catering staff have completed safe food handling training and most staff have completed other mandatory training and competency assessments relevant to Accreditation Standard Four, including fire and emergency and infection control.

### 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

Management and staff have appropriate knowledge and skills to perform their roles effectively in most areas relevant to Accreditation Standard Four. Refer to expected outcome 1.3 Education and staff development for information about the home’s overall system for staff education and development. Education delivered in 2017 and 2018 to date in relation to Accreditation Standard Four includes training in clinical waste handling, emergency coordinator, fire safety, methicillin resistant staphylococcus aureus and standard precautions, outbreak management; and quizzes on physical and chemical restraint have been completed. Management has identified a need to develop staff knowledge in relation to bedrails and associated risks; and the need for this is consistent with the quality surveyor team’s findings.

### 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’s management did not demonstrate they are providing a safe and comfortable environment consistent with care recipients’ care and living needs. The management team were unable to demonstrate the living environment, particularly in Unanderra Care, is being adequately maintained and is of sufficient comfort for the care recipients residing there. Measures to ensure care recipient safety are not being applied in relation to bedrail use. Call bells are not consistently in reach of care recipients who require these to alert staff when they need assistance. Call bells are sometimes not being answered in a timely manner.

### 4.5 Occupational health and safety

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

**Team’s findings**

The home meets this expected outcome

The home has an active safety officer who oversees work, health and safety across the site. The safety officer conducts environmental audits and monitors staff work practices for safety. The organisation has work, health and safety policies and these form part of orientation for new staff. There is a work, health and safety noticeboard in the staff room and work, health and safety is an agenda item in meeting forums. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's workplace health and safety program.

### 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

Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff; this includes an emergency evacuation plan and emergency flip chart with phone contact numbers. Staff are provided with education and training about fire, security and other emergencies on commencement of employment at the home and on an ongoing basis. Emergency equipment is regularly inspected and maintained and the environment is monitored to minimise risks. Staff have an understanding of their roles and responsibilities in the event of a fire, security breach or other emergency; and there are closed circuit television cameras and monitors. Care recipients and representatives interviewed are aware of what they should do on hearing the fire alarm, and most care recipients feel safe and secure in the home.

### 4.7 Infection control

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

**Team’s findings**

The home meets this expected outcome

Management demonstrated there is an effective infection control program, which is overseen by the infection control officer. They monitor staff practices, conduct competencies and conduct regular infection control audits. They give tool box talks and one-on-one education on infection control to staff. Data around infections is collected and analysed for trends and patterns. Staff are provided with information about infections at the home and have access to policies, procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Staff in all areas of the home were able to talk about practices to reduce infections and manage outbreaks should these occur. The home has effective influenza immunisation cover of care recipients and is working to improve take up by staff. Care recipients, representatives and staff interviewed are satisfied with the prevention and management of infections.

### 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 management did not demonstrate that catering services are delivered in a way which enhances care recipients’ quality of life. A significant number of care recipients and representatives expressed their dissatisfaction with meals provide at the home. We identified from a number of surveys, feedback forms and meeting minutes that the quality, temperature, taste and presentation of meals is an issue for care recipients and representatives responding on their behalf. This was corroborated by some of the care recipient and representatives interviewed by Quality Agency surveyors.